

University of Alberta

**Discovering the Individual's View of Receiving Therapeutic Touch:
An Exploratory Descriptive Study**

by

Maureen Doucette



**A thesis submitted to the Faculty of Graduate Studies and Research in partial
fulfillment of the requirements for the degree of Master of Nursing.**

Faculty of Nursing

**Edmonton, Alberta
Spring 1997**



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced with the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-21261-0

Canada

University of Alberta

Library Release Form

Name of Author: Maureen Louise Doucette

Title of Thesis: Discovering the Individual's View of Receiving Therapeutic Touch: An Exploratory Descriptive Study.

Degree: Master of Nursing

Year this Degree Granted: 1997

Permission is hereby granted to the University of Alberta Library to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly, or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and except as hereinbefore provided, neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.

Maureen L. Doucette

#404, 8640-108 Street
Edmonton, Alberta
Canada
T6E 4M4

Date: April 15, 1997

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled *Discovering the Individual's View of Receiving Therapeutic Touch: An Exploratory Descriptive Study* submitted by Maureen Louise Doucette in partial fulfillment of the requirements for the degree of Master of Nursing.

Marion Allen

Dr. Marion Allen
Supervisor

Peggy Anne Field

Dr. Peggy-Anne Field

Barbara Paulson

Dr. Barbara Paulson

April 15, 1997

Dedication

To my friends, Brenda and Dick; Bev and Owen; Jane and Don; Joan and John;
Joanne and Stephen; Sara, Peter, Alexander and Amy; Dale and Rob; and, Pam,
Dennis, Scott, Alexa, Mia & Pia.

To my family, Paulette et Donald (mame et papa); Theresa, François, Yves, et
Julie; Rosella, Clayton, Renee, et Nicholas; et Patrick - merci beaucoup! I couldn't
have made it without you!

Abstract

The purpose of this study was to explore participants' experiences of receiving Therapeutic Touch (TT). This study offers a unique contribution to the body of knowledge on TT as it is only the second study that describes the experience of TT from the recipients' perspective and describes how TT may serve as a means of healing. A process encompassing four major phases emerged; a **sense of preparedness, engaging in energy work, immersing in the moment, and moving beyond.** *Health as harmony* and the notion of the *lived body* was revealed, representing the interconnectedness between the mind-body-spirit where within the lived experience of health-wellness, the notion of the *body* serves as the *mediator* between the mind-body-spirit. There remains, however, the necessity of more qualitative and quantitative research to further explicate TT as a healing modality by exploring its relaxation potential, and investigating it as a means of facilitating the mind-body-spirit connection.

Acknowledgments

A special thanks to the participants in this study who took the time from their busy lives to be interviewed and in so doing, contributed to our understanding of the experience of receiving Therapeutic Touch.

The second acknowledgment goes to my supervisory committee for their assistance. In particular, I thank Dr. Marion Allen for the exemplary support and guidance that she provided to me during this learning process.

Third, I would like to acknowledge financial support of the University of Alberta Hospitals School of Nursing Research Allocation Fund.

Table of Contents

CHAPTER 1:INTRODUCTION	1
CHRONICLE	1
 CHAPTER 2	 4
REVIEW OF THE LITERATURE	4
EXPLORING THE CONCEPT OF ENERGY	4
<u>Historical View of Energy</u>	5
<u>Christian Mystical Perspective</u>	5
<u>Physics Perspective</u>	6
<u>Biology Perspective</u>	6
<u>Twentieth Century Mystic's Perspective</u>	7
<u>Energy in the Context of Nursing</u>	8
THERAPEUTIC TOUCH	8
<u>Effects of TT</u>	9
SUMMARY	14
RESEARCH QUESTION	14
 CHAPTER 3: RESEARCH PROCESS.....	 15
SELECTION OF THE RESEARCH DESIGN	15
SAMPLE	15
DESCRIPTION OF THE PARTICIPANTS.....	17
DATA COLLECTION	20
DATA ANALYSIS	22
RIGOR.....	25
PROTECTION OF HUMAN RIGHTS.....	27

CHAPTER 4: FINDINGS.....	30
OVERVIEW OF THE FINDINGS.....	30
SENSE OF PREPAREDNESS: LAYING THE FOUNDATION.....	33
ENGAGING IN ENERGY WORK.....	37
<i>The Lived Body</i>	37
<i>Energy Flow</i>	40
<i>Connection</i>	44
<i>Imagery</i>	48
<i>Time</i>	50
AFFIRMING THE MOMENT	51
MOVING BEYOND	54
CHAPTER 5: DISCUSSION, IMPLICATIONS, AND REFLECTIONS.....	57
HEALTH AS HARMONY	58
THERAPEUTIC TOUCH AS A HEALING MODALITY.....	60
THE LIVED BODY	64
<i>Psychoneuroimmunology</i>	65
IMPLICATIONS	67
CONCLUSION	70
REFERENCES.....	72
APPENDIX A: TT Practitioner Information Letter	81
APPENDIX B: Client Information Letter	82
APPENDIX C: Prompt Questions	83
APPENDIX D: Summary Contact Sheet.....	84
APPENDIX E: Ethical Clearance.....	86

APPENDIX F: Permission to Access 87

APPENDIX G: Informed Consent Form.....88

Tables

Table 1: Characteristics of the Sample: Demographics..... 18

Table 2: Characteristics of the Sample: TT Experience Data 19

CHAPTER 1

INTRODUCTION

The purpose of this research study was to enhance understanding of the nature of receiving Therapeutic Touch (TT). The catalyst for this study stemmed from clinical nursing practice. As a TT practitioner, I often wondered "what is the recipients' experience of receiving TT?". This chapter is then a personal chronicle of how this study originated.

Chronicle

This research study originated from within my own clinical practice as a nurse educator with nursing students in an acute care institution. After completing a weekend course on TT at a local community college, I was very excited about my newly discovered skills. I wanted to discuss the idea of TT with students and I attempted to link the modality of TT to nursing practice, describing TT as a tool that nurses could use in their encounters with patients and family. One day, one of my students reported that she had discussed TT with her client who was suffering from uncontrolled pain related to diabetic neuropathy, and that the client was requesting my help. I was dumbfounded and fearful because I had yet to practice TT on "real" people other than my friends. This patient required a cane for walking and was receiving maximum amounts of analgesia. Following my use of TT, the client was able to move without her cane and her pain decreased after having received a 30 minute TT session. Although this woman thought that I had decreased her pain, I believed TT was one method of

using "self" therapeutically. I was sure that *she* had helped *herself* and that I was just a facilitator in the healing process.

Shortly after this first encounter, similar scenarios occurred in practice; students, staff, patients and colleagues were requesting TT intervention. From a personal and professional perspective, I believed that TT had to do with healing and speculated about the connection between TT and the self. I wondered if one individual's experiences of receiving TT were similar or different than other's. Although much of the anecdotal literature on TT reported some similar descriptions, there was little description of the experience of TT from a participant perspective. I recognized I didn't *really* know recipients' beliefs about TT and how it actually affected them. When attempting to explain the TT experience and its outcomes to interested parties, I was often at a loss because of my very superficial understanding of recipients' experiences of TT. Questions such as: how does TT help the individual? what are the most helpful parts of the intervention? do recipients with different or similar thoughts and feelings regarding TT prior to receiving it have the same outcome? what mechanism/thought permitted them to try TT?, and how did they view their role in the intervention? Answers to such questions are essential if we are to understand the role of TT in nursing practice, and identify outcomes of nursing interventions.

A review of the nursing literature revealed that although literature on TT has been available since 1975 and more widely so in the past 10 years, nurses seemed to know little about the experiences of receiving TT. As a possible consequence, the notion of energy is not very well understood in our bio-medical worldview. In addition,

there are a limited number of nurses who practice TT in the clinical setting and TT is seldom interwoven in nursing curricula. Although there are many aspects of TT that require study, I believed it essential to first understand the experience of TT from the recipients' perspective.

CHAPTER 2

REVIEW OF THE LITERATURE

I reviewed the nursing, health and popular literature on Therapeutic Touch (TT) and energy, examining research reports of prior descriptions of TT. This exploration of the literature was undertaken to identify existing biases, underlying assumptions, and gaps in our knowledge about TT. This process aided the refinement of the research question and assisted in choosing the best method to answer this question.

As energy is the basis upon which TT is practiced, it is examined in regard to its relationship and to its significance to TT. Energy and its historical relevance to nursing are also discussed. The second major part of this chapter focuses on the basic TT concepts, including a description of TT, an explanation of how TT works, and its documented effects.

Exploring the Concept of Energy

TT is a contemporary interpretation of several ancient healing practices whose roots are derived from Eastern philosophy (Krieger, 1993). In many Eastern cultures, assessing one's energy levels is a method of determining one's health. An abundance of energy is a sign of a healthy state or good health. Alternatively, a low level of energy is indicative of poor health. Cultures that ascribe to Eastern beliefs and philosophies have words that represent this *vital energy* force. It is represented in ancient Indian tradition as *prana* (Brennan, 1987; Gerber, 1988; Krieger, 1973 & 1974; cited in Heidt, 1981a; & Macrae, 1993), and from 3rd millennium B.C. by the Chinese as *Ch'i* (Brennan,

1987; Lee & Hu, 1993; & Macrae, 1989). In Western countries, the word "energy" is derived from the Greek word *energeia*, meaning activity (Webster's 1981) and is often used interchangeably with vitality and strength. "Energy" as a healing power however is relatively new in the Western world though common elements exist between this notion of energy and those of Eastern culture. First, energy and energy work are perceived as a highly subjective and personal experience. A second common perception of energy is that it is thought to be in abundance in the universe, a "good" source available to all to "tap into". In the Western world some explain their own spirituality in terms of energy, rejecting and/or assimilating organized religion within this perception.

Historical View of Energy

The following includes a brief overview of the emergence of energy in the Western world and how the actions of energy have been used. Energy will be briefly addressed from the following perspectives: Christianity, physics, biology, Twentieth Century mysticism, and finally, nursing.

Christian Mystical Perspective

Harpur (1994), an Anglican priest and journalist, outlines the historical development of healing within the Judeo-Christian world. He notes that the source of healing is defined as a spiritual energy or an energizing Spirit. Healing events are said to occur through the "laying-on of the hands" or by prayer, removing blockages that prevent healing energy from flowing in. From a Christian perspective, energy is seen as a positive entity, as an emanating light, and as a healing source (Harpur, 1994).

Physics Perspective

Field theory supposes that the universe is filled with interacting fields including human energy fields that exert a force on each other (Macrae, 1993). Knowing or feeling the presence of a person in a room without having seen them come in or sensing "bad vibes" from another person are examples of how human energy fields interact.

Einstein, in his theory of relativity, identified that there are no isolated events, rather they are interconnected space-time events (Capra, 1986; Brennan, 1988; Ferguson, 1993). Thus, all measurements involving space and time lose their absolute significance and become elements to describe phenomena. That is, time and space become relative (Capra, 1986; Brennan, 1988).

Through his famous equation, $E = mc^2$, Einstein demonstrated to scientists that energy and matter are dual expressions of the same universal substance (Gerber, 1988), that is, that mass is but a form of energy. Thus, a table or any piece of furniture is considered energy and not just mass.

Biology Perspective

Biologist von Bertalanffy, in his general systems theory (1968), suggests a unification of all science through the idea that the human being and the universe are composed of systems of varying size connected through interrelationships. The ongoing processes in all systems involve the exchange, storage and dissipation of energy at varying speeds. In addition, he argues that all systems have the potential for increasing order and disorder by absorbing and dissipating the energies they contain leading to an

increasing order, complexity, and heterogeneity or alternatively, a reduced amount of available energy.

Twentieth Century Mystic's Perspective

Energy modalities such as TT are most often described from a mystic perspective. Within this perspective, energy has various meanings. It has been explained as spiritual healing (Harpur, 1994; Leskowitz, 1993); vibrational energy (Gerber, 1988), and, psychic energy (Stevens, 1984). The shared assumption among these descriptions of energy is that it is a field force that fills in space. The field force is said to be more concentrated within and around living organisms (Macrae, 1993), and thus termed the human energy field (Brennan, 1987; Krieger, 1993; Macrae, 1993).

Energy then is seen as a visible field, emanation, or aura from the human body. It is manifested in different colors and may assume various forms. This human energy field is viewed as a complex system of interpenetrating fields, bodies, or layers, and consistent among descriptions is the conceptualization of the human energy field as multiple interconnected bodies. These energy bodies are said to include the physical, mental, emotional, intuitive, and spiritual bodies and therefore are all aspects of one's self.

Based on the interconnectedness of the human energy field, the underlying premise of TT is concerned with energy balance within the field and its environment. A basic assumption in field theory is that all living things (& non-living things) have an energy field, and that various types of energy comprise the human energy field. A

balance in the human energy field is indicative of health whereas an imbalance in the human energy field may indicate disruption in one's state.

Energy in the Context of Nursing

Rogers' model of the science of unitary human beings (1970) was the first in depth exploration of the concept of energy in nursing. In her model, she attempted to describe energy as the essence of a mutually interactional process between the person (unitary human being) and the environment. Rogers (1990) saw the universe being composed of human and environmental energy fields with each integral to the other. Human energy fields are characterized by identifiable patterns, which manifest as human attributes, and are infinite, irreducible, pandimensional, and dynamic (Rogers, 1990).

The concept of energy and worldview and its related philosophical themes of holism, pattern, and multidimensionality have served as an impetus for theory development. However, ways to use energy to facilitate well-being have remained largely unexplored. Yet this notion of energy and human-environment relationship has begun to be used in practice. TT is one such practice.

Therapeutic Touch

Therapeutic Touch is a fairly recent phenomena, being introduced to nursing by Dolores Krieger's in 1975 (Krieger, 1975; Krieger, 1981) following her observations of a healer, and her study of Eastern philosophy. TT is a derivation of the ancient art of healing through the laying-on of hands, however, it does not necessitate any religious context for its practice (Krieger, 1974, cited in Heidt, 1981a). Reports of more recent

literature (Meehan, 1990) negate that TT is derived from laying of the hands and instead propose that TT be viewed from Rogers' Science of Unitary Human Beings, where TT promotes a change in human energy field patterning.

Energy transfer is believed to be instrumental in TT and involves a process comprised of several interrelated phases (Heidt, 1981a). The first phase includes centering, where the practitioner becomes focused or assumes a meditative state. While focusing, the practitioner becomes intent on promoting good or healing; if the practitioner is not focused, TT is said to be ineffective and the practitioner is at risk of "picking" up the recipients' energy.

The second phase involves assessment which entails using the hands as scanners to identify areas of blockages by holding the hands 2 to 4 inches above the physical body. Blockages are perceived as areas that are tingling, cold, hot, or heavy among others. The third phase includes a "smoothing out" or an "unruffling of the field" where a sweeping motion over the body is done. The final phase attempts to clear blockages or redirect energy to attain a balance. The entire process may last 5 to 20 minutes or more depending on the needs of the client.

Effects of TT

The positive effects of TT are reported in the descriptive and anecdotal literature. Some of these documented effects include: (a) relaxation (Krieger, Peper, & Ancoli, 1979), (b) pain relief (Boguslawski, 1980; Wright, 1987), especially among acquired immunodeficiency syndrome patients (Newshan, 1989), (c) decrease in patient anxiety, and (d) ability to verbalize feelings (Hill & Oliver, 1993; Payne, 1989). These

reports consistently indicated that TT is a valid non-invasive nursing intervention with many positive effects for the clients.

Empirical evaluation of TT has been limited and the design of some of these studies have been questioned. In the initial nursing research on TT in 1974, Krieger examined the effect of TT given by 32 nurses on hemoglobin levels of 64 patients. In the experimental group, the nurses treated their patients with TT while in the control group, nurses carried out routine nursing practices. Krieger reported that the clients' hemoglobin levels significantly increased after having received TT. While several researchers present Krieger's (1975) study as scientifically sound (Heidt, 1981b; Keller et al., 1986; Quinn 1985, 1989; Samarel, 1992), others critique this research and indicate that poorly controlled experimental research methods were employed (Clark & Clark, 1984; Jurgens 1987). Krieger's study has yet to be replicated.

Since Krieger's (1975) study, other quantitative research studies have been undertaken to document the effects of TT on anxiety levels, pain management, and wound healing. Findings of controlled studies on anxiety are mixed. Post-test state anxiety scores using the Spielberger State-Trait Anxiety Inventory were significantly lower in hospitalized cardiac patients who had received TT as compared to subjects who had received intervention by casual or no touch (Heidt, 1981b). Quinn (1984) extended Heidt's study and indicated that TT decreased state anxiety but in a later replication did not find a significant decrease in state anxiety in hospitalized patients treated by TT (Quinn, 1989). Similarly, Hale (1986, cited in Meehan, 1993) and Parkes (1985, cited in Meehan, 1993) did not find a significant decrease in anxiety in elderly

hospitalized patients treated with TT. However, in a double-blind, three-group experimental design, Simington and Laing (1993) found that TT in the form of a back rub decreased state anxiety in an institutionalized elderly population compared to the group who received a back rub without TT.

Keller and Bzdek (1986), postulating that TT should relieve anxiety-producing pain, investigated the effect of TT on tension headaches. Sixty volunteer subjects were randomly assigned to a TT group and a mimic TT group. Using the McGill-Melzack Pain Questionnaire, post-intervention scores indicated an average of 70% pain reduction sustained over 4 hours following TT, which was twice the average pain reduction following the placebo touch. The findings from their study indicate that TT may have potential results beyond the placebo effect in the treatment of tension headache pain. In another single trial, three-group design experimental study ($n=36$), TT did not decrease post-operative pain as compared to the placebo control intervention (Meehan, 1993). However, upon secondary analysis of the data, Meehan (1993) suggests that TT may decrease a patient's need for analgesia.

The treatment time for the studies done on anxiety and pain were five minutes in length with the exception of Simington and Laing (1993) which was three minutes. This limited treatment time has been criticized as a methodological constraint. Meehan (1993) and Jurgens et al. (1987) note that replication of previous studies on pain and anxiety are needed to compensate for methodological limitations.

A common theme in the research findings is that TT works through a placebo effect. However, in non-nursing studies (Wirth, 1990; Wirth, Richardson, Eidelman, &

O'Malley, 1993) declared that the significant results obtained from their double-blind design study indicate that TT is an effective healing modality on full thickness dermal wounds. The research design was such that it ruled out suggestion and the placebo effect. One other replication of this study did not show any significant differences in healing rates between treatment and control groups (Wirth, Barrett & Eidelman, 1994).

Researchers have attempted to provide support for the energy transfer theorem; that is, an energy exchange is required for TT to be effective. Thus, where methodologically appropriate, experimental designs have included the use of mimic TT groups to control for the placebo effect (Quinn, 1984, 1989; Keller & Bzdek, 1986; Meehan, 1993; Simington & Laing, 1993). Mimic TT involves doing TT without focusing, eliminating the practitioner's attention, thereby preventing energy flow and energy exchange. To date, however, there have still been no reports of investigations within or outside of nursing, that measure interaction between individual human energy fields. Yet, the reality of such interaction remains widely accepted (Meehan, 1993).

Three qualitative studies of TT were found in the literature. One of these studies focused on the recipient's perspective of the experience of TT while the other two focused on the practitioners' and recipients' perspectives of TT. In a phenomenological study, Samarel (1992), focusing specifically on the recipients' perspectives of the TT experience, discovered that TT led to: (a) physical awareness, (b) self-awareness, and (c) spiritual growth. Samarel referred to the patient's experience as "... a multi-dimensional experience that facilitated personal growth"

(p.651). She notes that it is multi-dimensional because it encompasses all dimensions of life; physical, mental/emotional, and spiritual.

Using a phenomenological framework, Lionberger (1985) sought to discover shared perceptions and perceived effectiveness of TT. She interviewed 51 TT practitioners and 20 participants interpretations of practicing the technique. Caring was identified as a core feature of TT in that TT provided emotional support by conveying caring.

Heidt (1990a), using a grounded theory approach, interviewed seven practitioners and their respective selected patients. The core variable of "opening to universal life energy" was identified. Openness was defined as the experience of "... (1) allowing oneself to focus on getting the universal life energy moving again, (2) assessing the quality of its flow, and (3) participation in a healing relationship that unblocks, engages and enlivens its movements (Heidt, 1990b, p. 196)". Heidt (1990b) states that TT was not so much of a healing act as a healing interaction. Heidt (1990a) utilized purposive sampling and acknowledged that theoretical sampling was not obtained.

Results of the limited qualitative inquiry done on TT suggests that TT is a personal and interpersonal experience. However, as these studies focused on different aspects of TT, it is difficult to compare the results. Further exploration is required on the experience of receiving TT.

Summary

TT is concerned with the rebalancing of one's human energy fields, thus the term "energy work" is commonly used to refer to healing modalities that view energy as their underlying mechanism. Therefore, TT is seen as a type of energy modality.

TT is a relatively new concept in modern nursing. While many of the reports highlight its benefits they provide few explanations about the mechanisms by which it works. As a consequence, there is limited scientific understanding of energy and energy work.

Nursing research on TT has primarily been conducted through the use of experimental approaches, with limited qualitative work on understanding the experience of receiving TT. In fact, only one research study has focused solely on the individual's perspective of the phenomena. More work is required to explicate the phenomena of TT so that it can be better understood and utilized within nursing.

Research Question

As evidenced from the literature review, there is little documentation about the effects and meaning of TT for recipients. Though there are anecdotal records of the benefits of TT, there are few research reports. Qualitative inquiry is needed to more fully understand the experience of receiving TT.

The research question therefore that will guide this study will be "What is it like to experience TT?"

CHAPTER 3

RESEARCH PROCESS

In this chapter, an overview of the research processes used in the study are outlined. The methods I utilized to obtain my sample, collect and analyze data are noted. Most importantly, the participants who took part in the study are described. Measures that enhanced rigor, and protection of human rights are also identified.

Selection of the Research Design

A qualitative, exploratory descriptive research method was selected for this study in order to explore and describe recipients' experience of receiving TT. There are several reasons why this method best fitted the requirements of the research questions posed. Qualitative research methods approach a phenomenon from the emic perspective, "... that is, the perspective of the problem from the 'native's point of view' (Harris, 1968 cited in Field & Morse, 1985, p. 11) and are employed when there is little known about a phenomenon (Field & Morse, 1985). As little is known about TT, qualitative methods were deemed more suitable in order to understand personal experiences of receiving TT. As well, there seemed to be controversy within the nursing profession about the theoretical rationale, process and effectiveness of TT. By using a qualitative approach, it was hoped that this study might provide new understandings of both the meaning and effect of receiving TT.

Sample

The sample for this study was purposive, that is, participants were selected according to the needs of the study (Morse, 1991). Sampling was ongoing, occurring

concurrently with the data collection and analysis phases. Sampling in qualitative research is measured by appropriateness and adequacy (Morse, 1991). Thus, it is imperative to obtain the best participant(s) available to meet the informational needs. Sampling also refers to the "...sufficiency and quality of the data obtained" (Morse, 1991, p. 135). Prospective participants were included if they met the following criteria: (a) 18 years or older, (b) gave consent to be part of the study, (c) were willing to answer questions and share information with the researcher, (d) had received Therapeutic Touch at least twice within the past 2 years, (e) able to speak and understand English, and, (f) able to be interviewed within 24 hours to one week after receiving TT. The criteria of receiving TT twice within the past 2 years was chosen to ensure that the individual's interview did not reflect the individual's initial exposure to TT and that participants had had enough experiences in TT to recognize some of its salient effects. The indicated minimum of a 24 hour time frame for interviewing was selected to allow the participant time to reflect upon the experience. Alternatively, a one week maximum time frame for interviewing was chosen to prevent possible memory loss.

The TT practitioner's clientele includes a broad spectrum of people who seek TT for many different reasons. Since I was primarily interested in the experiences of the effects of receiving TT, the reasons people sought TT was not a criteria for selection. Qualities of a "good informant" (Morse, 1991) were sought. These qualities included the participant's knowledge about the topic, ability to reflect on and to share the

experienced phenomena, and willingness to talk. Thus, researcher control over who was interviewed was consistent throughout the study.

Prospective participants were selected over a seven month timeframe. I was aware of an organization that included TT practitioners and TT-interested individuals. I approached this organization and explained my study to them, requesting their permission to send letters to their membership. They in turn suggested that I speak to the members directly at one of their meetings and request their permission. After hearing about my study, the members consented to my request and I sent information letters (Appendix A) to five practitioners who were most active in TT practice. Practitioners were asked to give a Participant Information Letter (Appendix B) to their clients. Five of the study's seven participants were referred from one practitioner, the other two volunteered to be in the study. Three participants contacted me directly while the remaining four gave the TT practitioner their telephone numbers and permission for me to call them. Upon initial discussion with the prospective participants, it was clear that they met the study's criteria, as well as the guidelines of a "good informant" (Morse, 1991). Other participants who volunteered but were not required were thanked for their willingness to participate.

Description of the Participants

As is typical of the population who seek complimentary modalities (Eisenberg, Kessler, Foster, Norlock, Calkins & Delbanco, 1993), participants in this study were a middle and upper middle class group comprised of six women and one man (see Table 1). Their ages ranged between 35 and 57 years with a mean age of 47 years. Of the

sample, three were nurses. Besides receiving TT, all participants experienced at least one other form of energy work (see Table 2). This energy work included such things as acupressure, reflexology, acupuncture, craniosacral therapy, and herbal therapy. The variety of practitioners and the different types of energy work that the participants received contributed to the uniqueness of receiving TT. Participants were however able to distinguish differences between TT and other forms of energy work. Two participants received TT from one practitioner only, where others had seen two or more practitioners.

Table 1 Characteristics of the Sample: Demographics

Characteristics	Frequency
Marital Status	
• married	4
• separated or widowed	1
• widowed	2
Number of Times Received TT	
• 3 times	3
• 12 or more	1
• >30	3
Education (Highest Level)	
• University	4
• College	2
• Vocational	1
Employment	
• Full Time	5
• Full Time on Leave	1
• Self-Employed	
• part time	1
Religious Affiliation	
• yes	3
• no	4

Table 2 Characteristics of the Sample: TT Experience Data

Characteristic	Statistic
Reasons sought TT	
• alleviation of physical symptoms	
• scar tissue healing	1
• healing of bone fracture	1
• post-surgical pain	1
• earache	1
• headache	2
• painful joints	1
• alleviation of stress/emotional symptoms	4
Common Outcomes	
• alleviation of physical pain symptoms	5
• feeling of relaxation	7
• occasional feeling of tiredness	1
Spiritual component associated with TT	4
Recipients who Practice Types of Energy Work	
• TT	2
• Reiki	2
• Qi-Qong	1
Other Types of Energy Work Received	
• Reiki	5
• acupressure	1
• herbs	1
• acupuncture	1
• craniosacral therapy	1
• reflexology	1
Received TT and other energy work on monthly basis or more	5

Data Collection

The main method of data collection in this study was unstructured interviews. The use of unstructured interviews provided me with the opportunity to explore each participant's perspective and permitted a free flow of information. Other methods of data collection in this study included recording of field notes and documentation in a personal diary. Analysis of each interview in conjunction with data from these other sources guided the direction of subsequent interviews. The demographic information gathered during the interviews also assisted in gaining a richer understanding of the participants.

Interviews were conducted at a time and place that was mutually convenient. Two interviews were done in the participants' work setting, two at my home, two at their homes, and one via telephone. Four of the second interviews were done via telephone while the remaining three were done face-to-face. First interviews ranged from 45 to 60 minutes while the second interviews tended to be shorter. The one third interview lasted 10 minutes and was done via telephone. All interviews were audiotaped and then transcribed verbatim by a secretary.

Participant observation of a TT session was not included as part of the data collection. While I acknowledge that observations of the TT session could have provided information about the experience of TT, I judged that these observations would not have added greatly to the validity of the study because I was interested in participant perception of the experience. Also, I was not attempting to confirm their experience through my observations. I believed that a TT session is a highly personal

interaction between the practitioner and the recipient, and these sessions should be kept private. As well, the absence of the researcher during the TT session would allow the participants' identity to remain unknown from the TT practitioner if that was their wish.

Several open ended questions were prepared for the first interview (Appendix C). Although these guiding questions were utilized, the direction of the interview was established by the participant. The first interview commenced with the same global question "Tell me what it is like to receive TT?" Ensuing interviews were more specific in nature, clarifying interpretations, confirming data, and filling in gaps in the data.

According to Morse's guidelines (1991), the initial interviews with the first three participants were analyzed for recurrent ideas. These first three participants were then re-interviewed while I attempted to clarify hunches that arose from the concurrent analysis. The study's remaining participants were then interviewed for further clarification and verification of the themes arising from the first three participants' data. This "back and forth" process elicited more in-depth and precise descriptions. It is recognized within the TT community that TT is predominantly practiced and used by women. Consequently, a male participant was sought. When the experience of this man did not vary significantly from the other participants, no other male participants were sought.

After the second interview with the seventh participant, data collection was ended, as no new information was being obtained (Field & Morse, 1985). Confirmation of the findings was done with two of the study's participants as well as with 20

members of the TT organization. This was done to attempt to decrease researcher bias and help explicate the accuracy of researcher interpretation (Morse, 1991).

Contextual documentation was recorded during the interviews. This included observations of the setting and description of the participant's nonverbal behavior. A summary contact sheet (Appendix D) was also utilized and completed following each interview. This contextual documentation assisted in the identification of patterns, gaps, clarification of hunches, and in the preparation of future interviews. In order to maintain neutrality, a reflexive journal was also kept to monitor personal biases or thoughts that were relevant to the study (Rodgers & Cowles, 1993; Sandelowski, 1993). Analytic documentation was recorded in a journal (field notes).

Data Analysis

Data analysis using ethnographic techniques was conducted simultaneously with sample selection and data collection. This was done to enable the researcher to obtain in subsequent interviews, data to fill in the gaps, and to substantiate themes that emerged during analysis (Miles & Huberman, 1984). Data were compared across interviews and across participants, using the methods of analysis described by Miles and Huberman (1984). These three components of data analysis include: (a) level 1 coding, (b) pattern coding (level 2), and (c) memoing (level 3).

Codes are retrieval and organizational devices that permit the researcher to summarize, categorize, and classify portions of data. Level 1 coding consisted of assigning descriptive codes to words or sentences of the phenomena. Each transcript was analyzed line by line and these descriptive codes were written in the left side

margin. Level 1 codes were summarized into smaller number of principal themes or constructs. Pattern codes are explanatory or inferential codes that identify an emergent theme, pattern, or explanation. Pattern codes were expected to change throughout the study since they evolve and develop with subsequent data analysis. For example, a first-level code of *energy flow* and *relaxation* were included under the pattern code of *physical characteristics*, which later changed to *physical effects* when it became clear that although energy flow and relaxation had physical characteristics, they were sensations experienced while receiving TT.

I drew diagrams and wrote theoretical notes as I figured out the relationship between the pattern codes that were emerging. This type of memoing, (level 3 coding) is a written analysis of the reflective process evolving from the pattern coding. Memoing is meant to assist the researcher to move from the analysis to a conceptual level, to refine and expand codes, and identify relationships and eventually develop propositions which reflect the findings of the study.

The following is a good example of memoing and the involved back and forth process of changing pattern codes that occurs throughout analysis of data. The pattern code of *physical characteristics* and *physical effects* were determined early in the data analysis. However, when attempting to define them and compare them to other experiences that seemed similar, they just "didn't fit". It was only after comparing all the data along with my field notes and diagrams that I realized that *physical* was a process piece which belonged under a bigger umbrella. With further refinement and memoing, *physical characteristics* emerged as an experience of the body during the

phase of *Engaging in Energy Work*. *Physical effects* emerged as an immediate outcome during the phase of *Affirming the Moment*. Thus, *physical* changed names and pattern codes, and had a short lived history of being a key category. This exploration and refinement of the interrelationships between the levels of codes aided the process of analysis.

The software program *Word 6.0* was utilized to assist in the coding and sorting of raw data. I had anticipated utilizing the line by line numbering as part of the audit trail, however, I discovered that line numbers did not carry over onto a new file but that symbols did. My audit trail evolved into "Analysis-1" and "Analysis-2". The first level coding (Analysis-1) was done by *Spiking* words onto a new file and symbols were inserted on the left hand margin, indicating the pseudonym of the participant. The header and footer identified the level of coding and the level of interview (i.e., 1st interview). A portion of the second level of coding was done similarly, by accumulating similar first and second level coding onto the same section of a document. When data from an overview of the findings were confirmed, data from the "Analysis-2" was placed directly under the components of the key categories thus facilitating the audit trail. For example, when quoting directly from participants, the name of the participant was picked up by the symbol and the line numbers were then retrieved by utilizing the *find and replace* function from the original transcript. The "find" function was also utilized to quickly retrieve key words and sentences.

Rigor

Methodological rigor in qualitative research is appraised by several criteria: **credibility, fittingness, auditability, and confirmability** (Guba & Lincoln, 1981, cited in Sandelowski, 1993).

Strategies applied to meet the criteria of **credibility** included purposive sampling, and participant and expert review of the study's report. As well, before starting the interviewing process, I recorded my thoughts about TT and the experience of receiving TT. This was done to attempt to identify possible researcher bias. A personal diary was kept, noting biases that I developed during the research process.

The following is an excerpt from November 20, 1996:

In a sense, it would be better if I didn't have my own experiences with TT and energy work because I find that my experiences /biases are sometimes in the way. Reviewing Jenna's tape, I recognized that I wanted her to respond to my question in a certain way. I can remember being cognizant of this during the interview. I find that it shows in my method of questioning.

I found that this writing process helped me to let go of my personal expectations and helped me re-situate myself in the researcher role.

An overview of my findings was presented to a group of 20 TT experts, all of whom have received TT. While some among them practiced TT infrequently, approximately 50% practiced TT on a consistent basis, two had a Certificate in TT (one year course) and one has expert knowledge of the research and theory associated with TT. Two of the study's participants also reviewed the findings. Experts and participants alike overwhelmingly supported the report's results, agreeing with the linkages and overall categories. Comments made were "I can really relate to this", and

"This definitely makes sense". Only one area of the findings was questioned. Two people commented that the accelerated perception of time as experienced by the study's participants provided support to some of the findings, whereas it negated their experiences where time was perceived to be delayed.

Fittingness is the second criteria by which applicability of qualitative research was evaluated. A study is said to "fit" if its findings are viewed as applicable outside the study. Similarly, findings are said to fit the data they reflect typical and atypical elements of the phenomena. Approaches to attain fittingness included purposive sampling, and examining and reporting typical and atypical factors of the participant experience. Reporting of atypical factors ensures that all sides of an issue are represented (Morse, 1991). Affirming that participants had at least 2 experiences of TT within the past 2 years ensured that the clients had had enough experiences in TT to recognize some of its salient effects, yet did not rule out potential participants who might have experienced atypical experiences.

Creditability and **fittingness** were strengthened by having a methods expert (thesis chair) assist in the interpretation of data during the initial interview, coding the first interview, and preparing questions for the second interview with the first participant. A copy of the first level coding by the thesis supervisor and a committee member was compared with my coding.

A third criterion of rigor in qualitative research involves **auditability** which relates to the consistency of qualitative findings. A decision trail (or audit trail) ensures that another researcher could arrive at similar and congruent conclusions. In qualitative

research, an audit trail is required to substantiate trustworthiness of the researcher. This is required since much of the qualitative work involves methodological decisions, analytical procedures and self-awareness of the researcher. Four types of documentation (Rodgers & Cowles, 1993) were utilized in this study and they are identified below.

Confirmability or neutrality refers to freedom from researcher bias during the research process. Therefore, documentation of researcher bias and observations enhanced researcher trustworthiness. Contextual documentation refers to the collection of field notes, recordings of observations such as the description of the participant's nonverbal behavior, and, other notes that an audio-recorder can not capture during an interview. A second technique involved methodological documentation where the researcher's rationale for ongoing methodological decisions were recorded. Analytic documentation was recorded in theoretical memos and on the transcripts as coding occurred. Lastly, personal response documentation was also utilized in this study. A reflexive journal was kept to monitor self-awareness, personal biases or idiosyncrasies relevant to the study in order to maintain neutrality (Rodgers & Cowles, 1993; Sandelowski, 1993).

Protection of Human Rights

Ethical clearance for this study was obtained by the Ethics Review Committee of the University of Alberta Faculty of Nursing. Permission to access the TT interest group's mailing address was formally obtained at one of their general meetings (Appendix F).

Upon initial telephone contact with the participants, the study was explained and questions were answered. A copy of the Client Information Letter was sent by mail or given to them via the TT practitioner. Written and verbal consents (Appendix G) were obtained at the beginning of first interviews. As well, verbal consent was obtained at the beginning of each successive interview. Moreover, questions or concerns that may have arisen since the first interview were clarified.

Participants each received a copy of the written consent form and the other copy was stored in a locked file separate from the transcripts. Informed consent included the following: (a) an explanation of the purpose of the research; (b) a description of risks inherent in the research as well as benefits that may be obtained; (c) the opportunity for the prospective participant to ask questions, and (d) a statement indicating that these questions have been satisfactorily answered (Field & Morse, 1985).

The participants were all made aware that they could refuse to participate in this study; that they could refuse to answer any question(s); and that they could withdraw from the study at any time without penalty and could ask that data not be included in the study (Field & Morse, 1985). There was no instance where the client indicated that information should be withheld from use in the study. No expected harm or expected benefits were anticipated. Although some of the discussions elicited emotional responses, participants viewed their involvement as positive.

I ensured protection of privacy of participants during the period of data collection by: separately storing signed consent forms from all other data, coding all

other forms of data with a pseudonym to ensure anonymity, and by storing data when it was not being used. All information connecting pseudonyms with names was accessible only to me and was destroyed following the study. Thus, actual names of individuals were not transcribed. I explained to participants that while their names will not be used in reports of the study, that they may be able to identify their statements. In addition, I told them that the tapes will be destroyed after 7 years of the study but that I would keep the interview transcripts in case they are used for further research or educational purposes. In such a case, I stated that ethical clearances would have to be obtained.

CHAPTER 4

FINDINGS

Overview of the Findings

Early on in the analysis of the findings, it became apparent that the experience of receiving TT involved a process. This process encompasses four major phases; a **sense of preparedness, engaging in energy work, immersing in the moment, and moving beyond.** In this chapter, I will first provide a brief overview of these four phases, followed by an in-depth discussion of each.

A prevalent perception across all participants, regardless of the type of energy work received, included a "*sense of preparedness*". This denotes the laying of the foundation that each individual did prior to receiving energy work. This laying the foundation includes both groundwork and energy work. *Groundwork* was found to be contingent upon the blending of at least 4 factors, that of openness, trust, personal knowledge of an energy work practitioner, and timing. Openness includes the participants' willingness to explore a non-Western treatment modality, and a willingness to keep oneself open to possibilities that they might not otherwise have considered. Trust is exemplified by the participant's conviction of the practitioner's expertise and deepens as the relationship establishes itself. The third element, familiarity with such an energy work practitioner, acts as a key for individuals to access energy work. Finally, the equally important role of timing contributes to laying the groundwork in several ways. It seems that because there is a need for TT; that the person is open to TT, and knows and trusts the TT practitioner, that they therefore

seek TT. Thus, a personal acquaintance with such a person encourages the trust relationship and in turn increases their openness to engage in energy work. This sense of preparedness was essential as otherwise they never would have engaged in the energy work of TT.

The second category, *engaging in energy work*, concerns the actual experience of receiving a TT treatment and it encompasses five sub-categories: 1) the lived body; 2), energy flow, 3) connection; 4) imagery, and, 5)time. The most commonly identified experience associated with receiving TT were bodily sensations, including imagery. While some participants had visions of color, some had forms of vivid pictures of people or symbols. The various forms of imagery were as individual as each person was unique.

Participants indicated that *engaging in energy work* is an experience that involves the whole of the person. However, they overwhelmingly indicated that the body played a pivotal role in TT. Participants initially sought TT for problems perceived as or manifested as physical problems and validation of a successful session was most commonly identified as a description of the alleviation of these physical symptoms. In describing their bodies' role in relation to other parts of the self, the participants' holistic view again surfaced. Their bodies' were viewed as housing the ills or imbalances that stemmed from other parts of themselves, such as from an emotional source. Therefore, the body was said to be a *holding container* because of its ability to store or hold on to stressors or imbalances within the self. It was also through the body that the individual first became aware of an imbalance or of a strain, regardless of the

source of the imbalance. Thus, the body was also viewed as acting as a gauge, which in turn, signaled the body of an imbalance. Correspondingly, the body also registered its balanced state as well. The body then was a *mediator* which interpreted other aspects of the self (mental, emotional, spiritual) by registering the dis-ease, attending to the discomfort, and reregistering ease or comfort.

Through *engaging in energy work of TT*, a *connection* with the self occurs. This connection occurred on three levels between: 1) the self and the self during the session, 2) the participant and the practitioner (relational), and 3) the self and the universe (spiritual connection). The first connection refers to the self's recognition of its need to attend to itself, while suspending the many environmental influences (noise, work, & family demands, etc.). The relational connection exemplifies the developing nature of the trusting relationship with the practitioner; and consequently, trust that the intervention of TT is in their best interest. The spiritual connection that was between the self and the universe encompasses the recognition that universal love is present and that there is a guiding force in one's life. Throughout this engagement, time is altered; events and connections occur in moments.

This moment is affirmed through recognition of the immediate effects of receiving TT. This *affirming* process is characterized by a mental and physical process described as *letting go*. Letting go, as a cognitive function, is exemplified when the self *recognizes* that it has been attended to. It results from the connection that has been established while engaged in energy work. By letting go, physical symptoms are alleviated, and stressors are lifted. Letting go can last beyond the moment into the next

24 to 48 hours and in some cases, up to a week or two. Some of the characteristics of well-being that result include feelings of less stress, less joint pain, improved and restful sleep, relief of joint pain, relaxation, decreased headache, sense of peace, and balance.

In moving beyond, TT embodies more than a treatment. It is a means of regaining a more balanced state of well-being, a way to assist in living better day to day. The body's role as a gauge and as a mediator becomes a problem-solving tool to assist in the identification of individual patterns leading to make more conscious decisions about their health and health promotion activities.

Similarly for some, TT helped then to establish a stronger spiritual connection; expressed as healing, a belief in the inherent goodness of the universe/God, an awareness of the God within one, and a recognition of the mind-body-spirit connection.

Sense of Preparedness: Laying the Foundation

A working foundation contingent upon four factors, that of openness, trust, timing, and, familiarity with an energy worker contributed to the groundwork or *sense of preparedness* which was a necessary prerequisite for participants to engage in TT. For some participants, all four factors were important in their decision, whereas with others, certain ones played a more pivotal role in this preparation.

While all participants viewed themselves as being open to energy work, they varied in the number of times they engaged in TT, their degree of involvement in TT or other types of energy work, and their beliefs about the lesser known and more supernatural types of energy work modalities. Thus, what led each individual to this *openness* differed based on their individual life experiences.

All participants remarked in one way or another that one needed an openness or an "open mind" to energy work. Participants noted that there needed to be an opening up of yourself up to universal healing powers (Karen-1), or an opening oneself to the relationship with the practitioner (Sonya-1).

Anna explained how she kept her mind "open to the possibilities".

I think you have to have an open mind about therapeutic touch in order for it to work because if you think there's no way that this is ever going to work, ... then you don't really even open yourself up to the possibilities of it. If you've got all that negative energy saying "it's never going to work", it's never going to work! "I'm never going to feel any better", then you may not feel any better. Whereas if you think well, "I don't know if this is going to work but I'm willing to give it a chance" and just sort of see what the possibilities are. You need to open your mind up enough to allow it [receiving TT]. (Anna-3, line 15)

Anna who had personal knowledge of TT practitioners also described later how important trust between herself and the practitioner was:

To me what was really important was trust. What I mean by trust is because this is a treatment that is less concrete in its nature, I needed to feel like I wasn't going to be taken down the garden path by somebody. I trusted their integrity is what it was. (Anna-1, line 770)

Jenna knew a TT practitioner through a professional liaison. At that time, she was recovering from surgery and experiencing arthritic pain. Jenna discusses how beliefs, attitudes, past experiences, and in particular, your "mind" play a role in how open one is to new experiences. She noted:

It comes down to what we've been brought up to believe. It's opening up your mind to other horizons. We've been brought up very narrow. I think every experience you go through, the more you read, the more you listen to people and participate, the more you can change your belief system either for or against (TT). If you don't pay attention to it or you don't open yourself to the information, then you don't let yourself become aware. We have no idea what our mind can do for us (Jenna-1, line 870).

When addressing trust, Jenna, Paul, Sonya, and Marié indicated the significance of finding the right person to do TT. They sometimes described the characteristics of a reliable practitioner by expounding on factors that *do not* represent trust, such as "bad vibes" Jenna identified that one could get TT from someone who one doesn't know personally, but "I think it's important to trust or have faith in that person [the practitioner]". She explains:

I could get it from somebody I don't know if I, you know, the feelings I had from them were positive. You know, it has to do with once you meet somebody and the feelings you get just in talking to them and the sort of vibes that you get from people. (Jenna-2, line 308)

Paul also echoes the belief that trust of one's practitioner is a significant consideration in engaging in TT. Paul assisted with his partner's practice by acting as a recipient when she first started practising TT and Reiki. He then became a recipient of TT on numerous occasions when recovering from a fractured foot and surgery. He commented:

You know, for a matter of propriety, I wouldn't consider it, wouldn't have strange people over to my home and sit in a dark room with them without a good reason for doing that. I do know one other person that comes to our home and practices TT. She comes over from time to time, and the occasion has never arisen but, you know, she would certainly be suitable. I haven't had it [TT] from anyone else [other than partner] and there certainly would be considerable trust (Paul-2, line 145).

For Kristin, an opening to energy work (TT & Reiki) was created because of a major life transition, the death of her partner.

I was going through a life stage shift, a major turmoil which had caused a shift in me, therefore an opening into re-evaluating my whole life. That shake up in my life created an opening, that yeah, searching for something else that would

make meaning to my life. I created an opening of understanding of what energy was all about (Kristin-1, line 360).

Kristin's unfortunate loss provided the impetus for a change, thus the "timing" was right for exploration of new meanings. Her neighbour practised TT and Reiki and thus she had personal knowledge of a TT practitioner. Trust was already present in Kristin's friendship with the practitioner, and she knew that her friend had her best interests at heart. Nonetheless, Kristin remembers the importance of the trust element in receiving energy work. She compared her first and most recent times of receiving energy work. It is interesting to note that the element of trust was just as necessary when she recently received TT as when she first received Reiki and TT.

The first time I had Reiki, ...it was quite a trust to just lay down and put myself into her hands so to speak, not knowing what to expect whatsoever. And, had I not had that in my background, I think that would have been a similar kind of feeling tonight [receiving TT] (Kristin-1, line 507).

Sonya was first introduced to TT through an occupational therapist while undergoing treatment at a referral hospital for her arthritis. She commented:

She talked to me for awhile so I felt quite comfortable with her. I trusted her explicitly. You know, I wasn't afraid of where she was going to lead me, you know, and I don't think I'd be afraid with ____ either. But I have met people that I don't think I would want to work with (Sonya-1, line 1005).

Marie first learned of TT when she read a flyer on TT at a local college. Like Kristin, she was undergoing a significant transition and thought that TT would be something to help her cope. The issue of trust became apparent during one of her first

encounters with TT. While receiving TT, she felt increasingly uncomfortable with the practitioner:

It wasn't comfortable TT for me. "This doesn't feel good. It feels a bit overwhelming for me and I want you to stop." That was the only TT I ever had that wasn't comfortable (Marie-1, line 788).

Karen first sought TT from a colleague of hers. She was suffering from an acute earache and was delaying visiting her physician. She was so impressed with the results of TT - the disappearance of pain, that she enrolled in a TT course. For Karen, the immediacy of the pain created the opening for her to call upon her TT practitioner friend and be introduced to TT.

Opening, trust, timing, and a familiarity with a TT practitioner are the pivotal factors that helped position participants to receive TT. The foundational groundwork had been laid.

Engaging in Energy Work

Engaging in energy work was characterized by the participants' experience of the physical body, particularly the effects of warmth and relaxation while experiencing the energy flow. The body was a mediator in the mind-body-spirit connection, facilitating awareness of balance or imbalance. Lived body, energy flow, connection, imagery, and time are described below.

The Lived Body

Most participants sought TT primarily for alleviation of physical symptoms. How they described the sensation of receiving TT, how they viewed their selves as

holistic beings, and how they validated the success of a session also related to the body.

There was also a physical awareness of the energy work in TT.

Although participants' views on health included physical, emotional, mental, and, spiritual dimensions, it was through the body that ills or imbalances were first identified. According to the participants, these physical manifestations were the result of "holding on" to emotions, and of "carrying emotional burdens on your shoulders". Similarly, worsened arthritis was attributed to an increase in stress and the body reacted by housing the stress. Also, one participant surmised that old emotional issues could be physically manifested if they were left unresolved. Thus, the body was interpreted to be a *vessel* which housed the ills or imbalances of a person. As a consequence, most participants sought TT to help re-balance their physical bodies.

Anna sought TT for physical and emotional reasons. Shoulder pain was her indicator that there was an imbalance.

...for me, I think mainly when I've wanted to have some Therapeutic Touch it's because the problems that I'm having are physically based like the cold or the tiredness in the shoulders and so I guess when I say what I feel, I feel [physical] changes. And then other times I've had Therapeutic Touch, it was more for an emotional reason. I was having a fair amount of stress and so forth. By getting me to physically relax it also helped me to mentally relax so I didn't have so many things going through my mind at the same time, so I felt more physically, emotionally and mentally able to cope (Anna-1, line 904).

Karen's metaphor of her shoulders carrying emotional burdens implied a multi-dimensional view of health:

If my shoulders have been aching or, you know. Some of them (ache in shoulders), I think, can be sort of psychological things that you're carrying around or emotional things that you're carrying around that you're not really aware of but they are in your body and sometimes when somebody will say well, you know, are you looking after yourself? I might say "well, no, not

really", and so, you know, you just think about the burdens that you're carrying on your shoulders and then all of a sudden you realize oh yeah, you know. I've been trying to do too much, that sort of thing and so that would express itself maybe in your shoulders (Karen-1, line 227).

Jenna received TT post-operatively for assistance with wound healing. She also lives with a chronic illness, arthritis. Jenna talked about the mind-body connection and how her stress inhabited her body:

What is happening in your mind is affecting what's happening in your body. Just with this arthritis I had, you know, a knee arthritis before my position was deleted and, I had a very traumatic occurrence at the same time but since the position was deleted I've gone into a whole systemic arthritis. I've got it in my neck, my shoulders, well, I've had it in my hands before but it's much more apparent and I'm sure stress has a big impact on the way you feel and your immune system. I'm positive about that (Jenna-1, line 129).

Whereas most participants discussed how their bodies were vessels for physical and mental ills, Sonya supposed that unresolved emotional issues could contribute to chronic illness.

Maybe things like that (unresolved issues) have an effect in causing you to have a chronic disease or, you know, any, I suppose any kind of disease later on. If it's unfinished business it can, you know, cause stress that you're not even aware that it is doing because it's affected your personality and your way with dealing with things and so on (Sonya-2, line 185).

Like the other participants, Marie also noted the inseparability of the body and mind:

My personal belief - philosophy is that any symptoms that are happening in the physical body is a message of some type of healing needing to be done on whatever level it is - physical, mental or emotional (Marie- 1, line 831).

Karen and Kristin used the metaphor of the body as a *gauge* to explain how imbalances were brought to one's awareness. This *gauge* signalled the person of an imbalance or dis-ease such as awareness of physical pain. Also, the gauge would also "read" the outcome of TT, such as a balanced state within the vessel.

Karen noted that her *body's gauge* kept a tally of the other "parts" of the self:

If something happens to me physically, I backtrack and say "OK, what's really going on?" And usually in the area of my body is the clue as to what, what's going on in my own life. Yeah. It's sort of like a gauge, you know (Karen-2, line 549).

Kristin believed the *body as a gauge* allowed her to become aware of emotional issues:

I think my left shoulder is a good gauge. It's holding on to things and holding on to some emotions, it just gets stuck right there [shoulder] and the pain starts to show up again (Kristin-2, line 100).

Marie explained that because of her physical and intuitive senses, she knew when to seek TT. Her body was able to gauge whether or not it was "out of whack" and needed attending to:

The main factors that led me to go and receive TT were because of physical senses of things like fatigue or irritability. Like a sense of feeling almost crooked or just out of whack. There aren't really words to describe the sense. It's more a process of "oh, that doesn't feel quite right. What's going on here?" (Marie-1, line 992).

Energy Flow

Most of the participants' experiences while receiving TT included a sense of warmth and of relaxation, and most described these sensations as a perception of

energy flow through the body. Other expressions of energy flow were identified as breeze-like and cool sensations.

The following includes two of Anna's accounts that relate to the physical sensation of warmth during TT and to the positive outcomes of TT.

"...my feet would warm up. I could feel sort of a sense of good flow. I could kind of in my legs - kind of feel that sense that it was like the blood vessels were kind of opening up and maybe it was cause my feet were getting warmer that I could feel, it felt like there was better circulation (Anna-1, line 188)."

Anna further attempted to describe how the energy flow felt:

It didn't feel like it was just on the surface. I could feel the warmth going into the muscle and that was part of what was helping to give, literally give that muscle some energy so it didn't feel so tired. So in some ways it was felt like something was being taken away and what was being taken away was the tiredness and what the warmth was doing was giving me energy. (Anna-1, 447)

Kristin talked about the energy flow that she feels when she receives TT. "My feet and hands are often cold and tonight (following TT) they were feeling nice and warm throughout so I know I was flowing quite nicely" (Kristin 1, line 270).

Jenna's account of her physical sensations during TT also referred to warmth.

It was a very interesting experience the first time because I could feel the heat of her hands when it was away from, ...you know, even though she was a good few inches away it was amazing - the *heat*. ... so what I perceived was where she was with her hands and I think you can sort of feel that just because, your hackles sort of rise. You can feel that, you know, so that you can feel where somebody is, ...so my perception was that I felt the heat where she was touching and I found it very, very marked. There were areas where I could feel it stronger. You know, I could feel it through my back. I could feel it stronger down my arms. It was very interesting. It was like a radiating heat. It was quite, quite a definite heat (Jenna-1, line 241).

Karen's description of the physical sensation of warmth was similar to her peers. As well, she perceived the energy sensation as a "breeze" resulting in the alleviation of her earache:

Sometimes it [energy sensation] might be expressed as a breeze, mostly it's expressed as heat or as in the case where I had the earache, you know, [the practitioner] was relieving that pressure every time, I mean she wasn't touching me but every time her hands, ...I could feel her, [could feel] the movement of her hands through my energy space around my ear and I could feel the release of the pressure (Karen-1, line 275).

In addition, Karen described a physical connection between herself and the practitioner. For example, Karen explained:

I just feel, I feel their [practitioner's] presence, I can feel where they're working even though my eyes are closed. You can feel the heat of their hands, and they're not necessarily touching you but you can feel where they are. You can feel the connection between their hands and the outside of your body and sometimes even the inside. It's as though somebody is stroking you but you know that their hands aren't there (Karen-1, line 267).

Sonya's physical experiences of TT ranged from quiet peaceful sessions, to physically charged sessions. As with other recipients, Sonya also remarked upon the sensation of warmth while receiving TT during a quiet session:

I can remember with _____, quite often when she would touch, I would feel like it was a hot compress. When _____ was doing it the other day I felt a great deal of warmth near my right ear, down my right side of my face and I thought that was rather interesting because I had been having a lot of pain in that jaw area. I have arthritis in the jaws but every time I get kind of an ear pain, I have to, you know, say to myself, oh well, you know, try to relax that jaw more. After the treatment I was able to relax the jaw more (Sonya-1, line 754).

In contrast, in a "charged" session Sonya noted:

...I could feel energy pouring out through my body, from my hands down to my feet, like somebody prodded me with electric shock. I could feel the energy pouring out through the body to the feet. My head was turning, and I was not able to and not wanting to stop it. I felt I had to unwind, kind like a clock. It was overwhelming after ... I had to lie down after these sessions. (Sonya-1, line 323).

Marie's reports of physical sensation during TT were related to coolness and warmth. She described these sensations:

It feels comforting. I can feel currents of coolness when they're going, when I'm worked on from head to toe and when energy's being transferred to me it's quite a pleasant feeling of warmth like a hot water bottle but not too hot (Marie-1, line 250). I usually have senses of warm or cold or prickly energy, ...and so when they're starting from the head going down there's always kind of a feeling of relief. I suspect it must be something like a cat feels when they get stroked and the energy's going in the right way and there's that sense of 'ho, I'm in the right place now. This is good. Yeah.' But for the most part the major word I would use for it [TT] is soothing. It's very soothing and it's like getting your hug quota for the day all compacted into one 20-minute session, you know (Marie-1, line 239).

Paul had similar experiences to that of the other participants; in particular, relaxation and sensations of energy flow. However, he varied in that he denied having experienced any sensations of warmth yet stated being relaxed and at ease while receiving TT:

I did not feel cold. It was very pleasant. It was very relaxing. It was very almost hypnotic in that you did not, ...did not fall asleep, did not go into a trance but it's very, you know, deeply relaxing. You come into like a hypnotic state, like the state just before you fall asleep. You're sitting quietly, motionless in a very quiet room with just the therapeutic background music and so that you get a feeling of deep relaxation and that feeling is a generalized feeling. It wasn't just that you feel tired. You don't feel tired, just feel very at ease (Paul-1, line 113).

The body then was also a *mediator* because it helped interpret non-physical aspects of the self (i.e. mental, spiritual) by attending to the discomfort and by reregistering the ease or comfort. As described, sensations of warmth, energy flow, and, relaxation were examples of how the engagement in energy work helped affirm the relationship between the physical body and the other parts of the person.

Connection

TT, through *engaging in energy work*, provided a sense of connection in three areas: between various aspects of the self, between the participant and the practitioner, and, between the self and the universe. Some participants felt this sense of connection in all realms, whereas others focused on only one of these.

As mentioned in the previous section, some of the participants recognized that they became more sensitive to various parts/dimensions of their person while they were *engaged in energy work* of TT. For one participant, the connection with the self moved beyond the recognition of the body as a vessel and a gauge and incorporated the scope of "tuning in" to her body. Marie stated that TT was "... a very effective way of reconnecting, of listening to yourself with your whole body" (Marie-1, line 1197).

Kristin described a strong sense of well-being during TT and she described the connection with the self that occurred during the grounding phase of TT: "grounding to me means balanced again, that in the rush of business of my life, particularly when I have my two feet flat on the ground - it gives me a sense of total flowing and just harmony. Similarly, Anna (-1, line 335) attended to her "self" during TT: "it (TT) forced me to slow my brain down".

Kristin also referred to a process of "checking in" with her body, finding out if there were emotional issues behind her headache. The following reflects Kristin's experiences of connecting with the self, of checking in, and of using the moment for problem solving:

I'll check in once in a while so to speak and I just let it, my mind wander. I went to the different parts of my body. I did focus in on and think, "now, what was I feeling here? Was anything shifting?". So yeah, at times I very purposely focused on what was happening to my body. Tonight ... particularly in the forehead area, because I was trying to focus when she was working in that area of moving my headache. I focused on "OK, what was I up to" and "what was creating this [headache] for me". I did some thinking around that and that helped some stuff go (Kristin-1, line 210).

It was during this process that Kristin consciously realized that her headache was most likely associated with her self-directed anger, which she related to the disappointment of an unfinished task: "...that was my objective (finish a paper) and I got in touch with that so that helped it (energy) flow a little bit" (Kristin-1, line 217).

In the body's work as a mediator, peace and harmony were restored while participants were engaged in energy work. Jenna (-1, line 759) talked about the focusing that had occurred, of "reaching a calm, reaching down, reaching within you, letting creativity out". By the same token, Marie discussed how she focused her attention "to the here and now" which enabled a "feeling of self care", a peaceful connection. She compared her experience of connecting with the self to the calm of the ocean. The more deeply she connected with herself, the calmer she felt and the calmer was the ocean. Alternatively, as the TT session finished, the bigger the ocean waves and the less focused or connected she was with herself.

... it's like almost being on the ocean on a fairly calm day where there's just little swells but it, you go with the flow and everything's OK and then as the therapeutic touch experience deepens you go down into the centre of the ocean where it's all calm and there aren't any waves at all and you just feel very peaceful. Then when your therapeutic touch is ending it's like I have to move from that really calm place to be able to function in a world that's asking me to respond to it so my vibrancy has to go up till I'm back on top of the ocean again with its swells and sometimes more intense swells (Marie-1, line 735).

All participants talked about a sense of connection with their TT practitioners while engaged in the energy work of TT. Jenna discussed her TT experience as a "soft flow" where she and her practitioner were "meshing or connecting energy". She described the quality of energy connection in TT as a "continual movement, a connection moving and flowing, not settled. A flow from energy, a flow with light and energy within". Marie discussed having similar experiences with different TT practitioners:

I'm always aware of a sense of connection. Once whoever it is that's working with me, I discovered that as soon as that person has made a connection with me, even though it may not have been a physical hands on yet, there's a shift. It's like you're really, really aware of them being within like two feet of you and although they were physically in that space before there's just something that switches. There is a heightened awareness of the other person being there and a sense of support. There is no sense of fear or anxiety or that sense you get if someone comes in close to your physical space, that sense of "you're too close. Back off" (Marie-1, line 186).

Thus boundaries between client and practitioner seemed to be considerably open while engaging in energy work. A paradoxical view of personal space emerged, that is, with TT, one can merge with the personal space of the practitioner and vice versa. Marie expounded:

There's that sense of interconnection that's not violating, it's very gentle. Sounds kind of awееееiiiiioo ... almost like getting a psychic hug from the

practitioner. You know when the connection's been established, it moves from me and this person being in the same room but there aren't the boundaries of 'she's over there and I'm over here. It's as close to being twins as you can get without being a twin. You are aware of a feeling of merging (with practitioner) without losing your individualism (Marie-1, line 821).

The issue of trust again surfaced when participants discussed the relational connection with their practitioner(s). Sonya worked very closely with one TT practitioner for at least one year. She discussed elements of trust in relation to their relationship:

She was a facilitator, a guide, she was leading me on a journey. It was amazing. I learned so much about myself, my inner thoughts, my feelings, my insights as a person. Our relationship developed, we were kindred spirits. I trusted her explicitly. I wasn't afraid where she was going to lead me (Sonya-1, line 709).

Participants who had had the most experiences with TT were those who more closely identified a spiritual connection with TT. This universal connection most often referred to the individuals' belief and relationship with the supernatural. However, nearly all of the participants recognized that spirituality existed within themselves. For example, Anna didn't view energy work as being closely linked to her spiritual make-up, yet she believed that her spiritual well-being is related to "a more of a personal well-being, so maybe that's my spiritual philosophy, ... is that it (TT) has helped my, like it's helping me to open my mind to other alternatives so maybe that's the spiritual part" (Anna-1, line 352). Jenna reiterated Anna's previous statement: "everyone has spirituality within them. I believe in the spiritual aspect of being, we are all some form of energy. There could be a spiritual aspect to TT because people could get in touch with part of themselves" (Jenna-1, line 899).

For Karen, the spiritual connection with TT was made fairly early in her experience with TT. Karen stated that TT enabled her to become reconnected to her own spiritual path and to the spirituality that she had as a child.

When _____ was working with me on that session where I got this message to stay in the light it felt as though, almost as though it was a birth process, not the actual physical feeling of giving birth but it was almost a releasing of something that I was carrying within. It was almost like an-unfolding more than a, more than an actual say childbirth situation and I could feel the support, the emotional, spiritual support and after receiving that message to stay in the light and it was a very strong message to stay in the light I realized that this was a birth of a new me. This was a very significant leap for me spiritually (Karen-1, line 285).

Marie believed in universal energy and she described this energy as "the life force that animates, that gives form, that directs, that guides, and that heals" (Marie-1, line 543). She stated that during TT, she received energy and thus "moved into a place of trusting" within herself and the universe.

For Kristin, the spiritual relationship of energy work has become important to her well-being. She stated:

It's more the general spirituality of it I think that's come into my life, that I'm becoming more aware that it's not a God *out there*. It's the God *within you* so I think that's part of this energy work is just looking inside, on a physical level, and I think also on a mental or a spiritual level (Kristin-1, line 409).

Imagery

As part of the connection established while *engaged in energy work*, most participants experienced imagery. For the majority of the participants, images were depicted through color representation and pictorial portrayals that may or may not have had meaning to them. They sometimes assisted with problem solving.

Jenna reported that while engaged in energy work for wound healing, she visualized the following:

I could see the wound. I could see her (TT practitioner) hands fluttering, my eyes were shut...see hands, white dark shadows fluttering, a white line and dark shadows fluttering through it. It was an interesting sensation. I was seeing the scar from the inside, looking out at the movement. I remember thinking, if my eyes are closed, why can I feel what was going on here? It's like I could see with different eyes (Jenna-1, line 689).

Karen's imagery was mostly comprised of colors, and she interpreted that they had a problem-solving component to them. That is, she commented on how she could "see her physical sensations" in colours that included orange, red, magenta, blue, and green:

They float but they're not tangible, sort of three dimensional. I just don't have paints or pigments or papers that can express what I sometimes see. I also see little dots of black. Black spots indicate that there is still work to be done personally, I interpret as work I have to do (Karen-1, line 826).

Like Karen, Marie reported seeing colours while engaged in energy work. She expressed that these colors were sometimes "little brief explosions, sometimes a specific colour, sometimes a sparkly white light (Marie-1, line 415)." She interpreted various colors to different vibrations of energy. For example, when she sensed a rose pink colour, she directed her thoughts towards that same color. Marie associated rose pink as a feeling of warmth and love and thus when these colors manifested themselves, she wilfully directed them towards her "conscious awareness" so that she could benefit from the warm feelings. Therefore, within this process, imagery had a dimension of instilling peace and well-being.

Participants sometimes interpreted images as having meaning and significance to their personal struggles and issues. Occasionally, these images only added to their personal understanding at a later time. Marie reported seeing pictures while engaged in the energy work of TT. For Marie, these representations sometimes held a problem-solving component:

If I get a picture, I don't try and force what "that's supposed to be" or figure out "what's the message here". If something's coming through, I don't have to force it or make it look a certain way. Certain sessions, I see lots of pictures, some sessions there isn't any sense of vision coming through. Sometimes, it's a picture right away. It just comes when it comes (Marie-1, line 100).
Sonya, who has Rheumatoid Arthritis, reported seeing a replica of the world,

held in perfectly shaped hands. This pictorial representation held significant meaning to her and she identified it as part of her healing process.

I could see purply-blue, it was totally all around me, it filled the room. Then suddenly, two hands held the world or a replica of the world. Perfect hands, lovely feminine hands. They weren't my hands, they never could have been mine. They were perfect, with manicured nails. The message there for me is that I alone don't have control in my life. It's the power outside of me that I have to accept (Sonya-1, line 528).

Time

The last segment of *engaged in energy work* is related to the participants' changed perception of time during a Therapeutic Touch session. Participants commented that time was accelerated, delayed, or they had no real "sense" of time. Sonya expressed that she was shocked when she discovered "...how fast time passed. I felt like it was a very slow time when in fact a long time had gone by (Sonya-1, line 785)". Similarly, Anna stated being amazed at "how time goes by quickly" (Anna-1, line 621) when engaged in energy work. In like fashion, Jenna stated: "I had no perception

of time. It appeared to go very quickly. When the treatment is discontinued, you realize the time has gone fast"(Jenna-1, line 264).

Marie conveyed a divergent experience of time, that of delayed time perception.

She explained:

Passage through time is slowed down a little bit. I can move into timelessness. In Therapeutic Touch you're being, just sitting there being, and allowing all of this energy flow to go up and move out, you're out the parameters of time and space that you are accustomed to thinking (Marie-1, line 893).

Engaging in energy work was a multi-faceted experience for those involved; focusing primarily on the lived body experience, the energy flow sensations of warmth and relaxation, the connection of the self with the self, to the practitioner, and to the universe, imagery, and, altered time perception.

Affirming the Moment

Affirming the moment was concerned with the recognition of the immediate effects of receiving TT. It was characterized by a physical and mental process whereby the self was entrusted to "let go" of the symptoms and recognize that it had been attended to.

Kristin discussed how successful TT had been with her headaches and with shoulder pain. After TT, she stated being "free of discomfort for say a day or so whereas headaches, ...it worked really well and it didn't come back (Kristin-1, line 762). She described that her shoulder pain was alleviated for several days:

Probably on a level of one to ten, it (shoulder pain) had been maybe a three and a half or so, and the next morning, there was nothing. It came back about 4 days later just with the stress of things and doing a lot of computer work (Kristin-1, line 29).

Kristin identified that TT helped her get in touch with her emotions. For example: "Well, I found the key is to be able to make that shift, being able to get out of my head, and just be with my feelings down in the heart (Kristin-1, line 814).

Anna described how TT helped alleviate cold symptoms and attended to her emotional self as well.

I felt the stress and pain intensity had gone down. I felt better emotionally and mentally. For example, the cold, I had less pain in my chest, I felt like I could breathe more easily. I think because I could breathe more easily, I didn't feel as much pain. I didn't feel the same kind of mental stress, that overwhelming feeling of tiredness. I remember feeling really cranky before. I also had more patience and more tolerance for other people. The well-being is a result of the Therapeutic Touch. It perked me up emotionally (Anna-1, line 80).

Like Kristin, Anna described how TT provided some physical relief or "broke the cycle" associated with physical and emotional stressors.

In both situations (shoulder discomfort), the tiredness didn't seem as acute as the day before. The soreness and the stress that I normally feel in my shoulders didn't come back to the same degree. It has been a few days since I had that treatment and that intensity hasn't come back yet. Other times when I had problems with my cold and with my chest, it wasn't as bad as it had been and it never ever got back up. Getting the treatment broke the cycle. In terms of time, the effects last ...hard to describe how long. The intense feeling of stress doesn't come back again until the next cold or the next really stressful period (Anna-2, line 208).

Karen had two sessions with TT which provided her with immediate pain relief. She reported an incident where she was suffering from an earache:

If I measure the discomfort or the pain that I was in on a measuring scale of a yardstick, the pressure and the pain went from say thirty-six inches to about an eight of an inch. Every time past my ear the pressure released more and more until there was elimination of pain (Karen-1, line 48).

Marie described how she sensed the need for TT:

For one two-week period, I did not arrange for TT or any energy work. I was profoundly aware of the difference with dragging my butt. I didn't feel like I had enough energy. You can go two weeks without energy work as long as you're feeling balanced (Marie-1, line 985).

Pain relief associated with TT was significant for Sonya. She discussed being able to tell the difference in the use of her arthritic hands. As well, Sonya described how TT helped her heal, that is, helped her deal with her chronic illness.

I guess I've always been so busy hiding it that I even hid it from myself, you know, or I'd try to hide it from my family because I didn't want to hurt them and I'd hide it at work. I'd hide it from fellow workers because I didn't want to see pity in their faces and that sort of thing so I think that that's what it did was it released that and interestingly enough right just before ____ left I had another crying session with Therapeutic Touch and it seemed to tell me that I didn't have to like the disease and I didn't have to hate it. I just had to accept it and I think that was quite a turning point. I think that's, you know, that's a big step, you know, just saying that well, you know, I don't need to hate this and I don't need to like it but I do have to accept it because it's there. It's not going to just vanish (Sonya-1, line 454).

So I think that maybe that's the biggest thing that Therapeutic Touch has done for me is maybe released the emotional because I've always been so, you know, I don't cry easily. I seldom cry, and I'll do almost anything to hide the fact that I'm in pain instead of saying, you know, I'm better now. I'll just say I'm hurting right now and I can't do that. For instance, I have a grandson that's seven and he was here one day and he said, "Grandma, can we do this and that or the other thing?" and I said no, ____, we can't do that today because Grandma's hands are bad and his eyes lit up and his face glowed and he said, "Oh, Grandma, what do they do when they're bad?" [chuckle] He wanted in on the action (Sonya-1, line 476).

Effects of the TT treatment or of *letting go* included: relief of physical symptoms, decrease in emotional stressors, and, assistance in healing and living with a chronic illness.

Moving Beyond

Moving beyond reflects most of the participants' views that TT encompassed more than a treatment in that it assisted in re-balancing them to a state of harmony or well-being, and brought increased awareness of how to "tune into" one's body. Over time, some of the participants became more conscious about their patterned behavior in relation to their bodies and believed that TT helped them with this health promotion activity.

Three of the participants who received numerous TT sessions spoke of how over time, TT helped establish a stronger mind-body-spirit connection. Others expressed an appreciation of TT's potential to increase one's spiritual awareness and increase healing. Lastly, several participants also talked about the problem-solving component of TT in their daily lives.

Karen shared her thoughts about healing and the sense of well-being and harmony that TT helped facilitate in her life: "For me, well-being is being at peace or in harmony with yourself and your surroundings and healing is bringing you back to that sense if you have strayed from it" (Karen-2, line 281).

She gives an example on how she used TT to do self-healing for what was apparently a physical problem; yet, she discovered that TT helped her take the time to deal with her *self*.

With TT, you can work on the different levels. If you're physically not well, if you do therapeutic touch, say you use it as self healing, OK, and something happens like when I had a sprained ankle. And I thought - "now I am not going to be able to go to work tomorrow?" something like that. I worked with myself over the night and the next morning, much to my amazement, I went to work with no problem whatsoever and I really, I thought there was *no way*. What that did was it allowed me to take the time to work on myself. Sometimes illness

will make you take the time to do the things that you need to do anyway, that you want to do but you keep putting off and so TT brings you into yourself. When you do self healing like that, it's just another affirmation of what the things that you think are right are right and it makes you stronger (Karen-2, line 298).

Karen discussed how TT assisted her in looking at patterns and that this knowledge then provided her with strength to deal with family issues. Karen's comment of how "insights come later" is another dimension of the problem-solving component:

And I think it's because you've opened yourself up to what they call these healing powers, these universal healing powers. Insights come later. So, TT was what gave me the knowledge and the strength to go through these with all of my, with all my family (Karen-2, line 795).

Kristin explained further how energy work was related to problem-solving:

TT definitely has a problem solving component, and it's right from the innermost core, and I've likened it to peeling an onion where you can go layer after layer and you think you've got in touch with that emotion. Even right now as we're speaking I still have this headache coming back ... and I'm thinking I probably wasn't in touch with all of my emotion and so I need to peel some of that further back and say, "OK, what else is there for me?" And so by having that awareness now it really helps and I know that ... it's not an awareness. It's a belief and it's a growing belief that's stronger and stronger that there is that mind-body connection, so that "yes, I am in charge of my body" as anybody reasonably can be and I think TT is another way of helping it. TT is another way to get in touch with the layers, with what's going on inside your body (Kristin-1, line 553).

Marie discussed how TT helped her "listen to her *self* with her whole body" and that this process led to an awareness for healing. Sonya reported that TT helped heal her *self* in relation to her Rheumatoid Arthritis. She explained:

Something like my disease needed a trigger to start. I had the gene there in my system and something triggered it so TT is kind of the same way, you know. It triggers the body's healing mechanism (Sonya-1, line 1156).

Of her experience with TT and a spiritual connection, Sonya stated:

It's funny, you know, because sometimes I'd leave ____ after a treatment and I'd be singing, you know, a hymn...I made one up. It wasn't a very big, long one but, you know, like I would feel really very joyful ...And I can see it returning now. I mean I lost it for a while, kind of, you know. I just kind of let it ride and I know that there were times ____ would say that my face seemed to just radiate, but [pause] the hymn went: "Be still and know that I am God. Be still and know that I am near. Be still and know that I am God. I'm here to help you heal" (Sonya-1, line 1170).

Two of the participants who had received the least amount of TT identified that although they hadn't personally experienced any spiritual connection in association with the practice (treatment), they understood how TT could increase the wellness-spirituality link. For example, Jenna and Anna expressed that TT involved an opening of one's self to other experiences, and that they could see a spiritual component to TT if one believed that spirituality had to do with the power within a person.

For these participants, TT had the ability to move beyond the actual treatment and assume an added dimension of problem-solving and of healing, and, a stronger spiritual connection that affected their daily life.

CHAPTER 5

DISCUSSION, IMPLICATIONS, AND REFLECTIONS

The purpose of this research was to explore the experiences of persons who had received Therapeutic Touch (TT). The experience of TT was described as a process which began prior to the experience and continued long after the actual procedure was over. The experience began with a *sense of preparedness* which laid the foundation for the TT experience and allowed persons to actually *engage in energy work*; the body served as a mediator between all aspects of the self, that is, the body-mind-spirit, and, therefore, became central in the maintenance of health and well-being. Inherent in the body-mind-spirit relationship was the *interconnectedness* between the body and other aspects of the self, as well as with the practitioner and the greater world. An imbalance within one of these aspects of the self indicated a sense of dis-harmony. In *affirming the moment*, the connection with the self deepened and the individual was able to allow healing to occur. In *beyond the moment*, TT became more than a treatment and allowed the body and self to "tune in" and recognize patterns inherent in each other. For some, this self-recognition led to the development of a stronger spiritual connection.

The common finding underlying this process was the notion of TT as a means of connection, or interconnection between body-mind-spirit that led to a sense of *health as harmony*. As such, TT became a *healing modality*, creating, through the body, an opportunity for harmony and balance of all aspects of the self.

Following the discovery of these aforementioned findings, I conducted a secondary review of the literature relating to health as harmony, TT as a healing modality, and the notion of the lived body. As well, I looked at the area of psychoneuroimmunology, which - it was hoped would provide insight on how this connection-healing might occur. In this section, I compare the findings from the present study to this reviewed literature.

Health as Harmony

Definitions of health are numerous in the literature. A universal, comprehensive, and accepted definition of health still does not exist. Ambiguity in defining health arises from the variety of purposes and interpretations held by different groups (Meleis, 1990; Stuifbergen, Becker, Inglasbe, & Sands, 1990). This ambiguity in defining health also exists in nursing. Nonetheless, there is an agreement in the literature that meanings of health and disease are personal perceptions that may vary according to the individual's life experience. For example, a person with a chronic disease may view themselves healthy because disease and health are not viewed as being mutually exclusive.

From a health promotion perspective, health has been viewed as a resource for everyday life (Charter for Health Promotion, 1986) where individuals or groups realize aspirations and change or cope with the environment. This is a broad definition, characterized by an emphasis on the personal, physical and social, resources and capabilities of individuals or groups.

Within nursing, health is also said to be related to the harmony between mind, body and soul (Watson, 1988). Alternatively, disease is then disharmony within a

person's inner self or disharmony within the spheres of the mind, body and soul of a person (Watson, 1988). Correspondingly, illness and disease can be viewed as an interruption in one's usual self (Benner & Wrubel, 1989).

All of these aforementioned definitions of health and illness are similar to the views discovered in this research. For example, while *engaged in energy work* and during *affirming the moment* phase, harmony was seen as a sense of balance or well-being between the body-mind-soul and was indicative of health. In addition, during *beyond the moment* phase, *health as harmony* was seen as a resource whereby "the self" learned how to better incorporate the relationship between itself and the environment.

Health as harmony is similar to *health as a resource* put forward by the World Health Organization (WHO), because *TT as a means of connection* primarily facilitates the awareness and recognition of the individual's personal and physical capabilities and resources. However, *health as harmony* also differs from the definition put forward by the WHO. *Health as harmony*, in this study, refers to an outcome of an intervention, whereas *health as a resource* is more a group and socially-focused ideal. *TT*, as a means of connection, provided a sense of harmony where the "self" learns to use itself as a resource to help recognize and establish healthy patterns with its environment.

Additional existing literature corresponds with the findings from this research. Findings from Jensen and Allen's (1994) meta-analysis of qualitative nursing literature on health, disease, wellness and illness revealed an emerging theory on wellness-illness, where wellness-illness was viewed as the experience of health-disease. Within this

study, two of the major findings of the experience of health-disease included the meaning and the context of health-disease. Inherent in some of these latter findings are views that are congruent with that found in this research. For example, within the meaning of health-disease, being healthy was comparative to "abiding vitality", where descriptions of health included a feeling of being energized and vigorous (Beck, 1991; cited in Jensen & Allen, 1994), and, having a sense of physical soundness.

Alternatively, a loss of this vitality related to a loss of harmony and a loss of energy to face responsibilities and relationships. A second meaning of health-disease referred to "transitional harmony", where health was a sense of "harmony and balance" (Barker, 1989; Beck, 1991; Haggman-Laitila & Kalkas, 1988; Holmgren, 1987; Martus, 1985; Roy, 1982; Smith, 1989; Trice, 1990; Wondoloski & Davis, 1991; cited in Jensen & Allen, 1994). While in harmony, one is "in tune" with the "self", others, and the environment.

The former references to vitality, energy, harmony or lack of harmony, and balance are congruent with this study's participants' descriptions of health and well-being, and, of balanced or unbalanced states of health that corresponded to health as harmony or dis-harmony. For example, energy flow removes tiredness and its warmth provides energy, and therefore, a better sense of well-being. A lack of harmony was reported as a feeling of being "out of whack" and imbalanced.

Therapeutic Touch as a healing modality

Inherent in the dynamic of energy exchange is the notion that one's energy field interacts with the environment. Rogers' model (1970) put forth that the universe is

composed of human and environmental energy fields integral to each other, characterized by identifiable patterns. Within this study, participants' experiences of connection with the self, practitioner, and universe is an example of patterning or interactions with the environment. Other examples of patterning between the human energy field and its environment included participants' ability to use TT as a health promotion tool in *moving beyond*. Further inquiry into TT and the use of the environment may be useful to investigate the potential use of TT as a method of patterning and healing modality.

TT as a healing modality supports the research and anecdotal reports on the effects of TT: relaxation (Krieger, Peper & Ancoli, 1979; & Kramer, 1990), pain reduction (Keller & Bzdek, 1986; Boguslawski, 1980; Wright, 1987; Newshan, 1989), and facilitation of the healing process (Boguslawski, 1979; Krieger, 1975, 1981; cited in Keller & Bzdek, 1986). Congruent with Krieger's (1993) reports, not all participants in this study reported all of these accounts, however, all participants expressed being very relaxed while engaged in TT.

There has been significant work done on the effects of relaxation on general well-being and healing. Relaxation interventions have been shown to decrease anxiety, treat symptoms, and improve well-being (Snyder, 1988). It is thought that relaxation works by modifying autonomic nervous system functions such as heart rate, blood pressure, and breathing with the help of intentional thoughts. In a review of 24 studies on relaxation therapies used in nursing, Snyder identified that the outcomes were related to comfort, and increased physiological and psychological status. The use of

various relaxation techniques promoted: a reduction of postoperative pain and therefore - comfort; improvement in physiologic parameters for clients with pulmonary disease, surgical patients, persons receiving chemotherapy and women in childbirth; and, improvement in psychological status through the reduction of anxiety.

Snyder (1988) noted that there was a lack of research programs regarding relaxation therapies and their role in nursing. She also reported that of the studies examined, small sample sizes and methodological flaws made replication of these studies impossible. TT was not one of the relaxation therapies utilized in any of these former studies. Yet the statements from all the participants in this study overwhelmingly indicated that TT did promote relaxation. While it could be argued that the setting may have provided the relaxation response (dimmed lights, quiet environment), some reports seemed to indicate that the experience of *engaging in energy work* is what facilitated the relaxation response.

Krieger et al. (1979), and Kramer (1990), using various relaxation measures such as galvanic skin response and peripheral skin temperature, reported that TT promoted relaxation. Krieger et al. (1979) reported that patient descriptions and physiological indices indicated that patients were relaxed, and TT was found to reduce the time needed to calm children after stressful experiences (Kramer, 1990). However, in studies involving physiologic responses to stressful stimuli, Randolph (1980 & 1984) reported that there were no significant differences between groups who had received TT intervention or physical touch. Due to the methodological flaws in these studies, it is difficult to compare the results. Nonetheless, Krieger (1979) and Kramer (1990) note

that relaxation occurred as an outcome of TT. As well, the anecdotal literature on TT and relaxation includes references to outcomes such as: the "inner strengths" gained through relaxation and meditation during TT (Boguslawski, 1979), and relaxation and decrease in pain (Boguslawski, 1980). In addition, descriptions of the experience of relaxation - such as a progression of warmth over the body as TT session proceeds (Boguslawski, 1979) is included.

While the latter descriptions of the TT literature on relaxation reflect this study's findings of warmth and relaxation while *engaged in energy work*, they do not provide an in-depth view of the *participants' experience* of relaxation while engaged in TT as does this study. For example, one participant in this study discussed relaxing "physically", "mentally" and "emotionally", and *described* the bodily sensations of warmth, improved circulation, and sensations of energy flow while *engaged in energy work*.

Other findings in this study contributed to the existing anecdotal literature on TT as a healing modality. For example, TT is known for its accelerated healing role with colds (Macrae, 1981). One participant in this study described such healing effects, stating she could "feel the pressure leaving her chest", "felt like she could breathe better", and, therefore, "felt a greater sense of peace".

The anecdotal literature on TT often includes references to its role in pain reduction, such as in metastatic cancer (Owens & Ehrenreich, 1991), and arthroscopic post-op pain (Mackey, 1995). In this study, TT provided alleviation of acute pain, although participants with chronic pain experienced alternating results. Participants'

experiences of a remarkable decrease in an earache related to an abscessed tooth, and, accelerated healing of a sprained ankle, and of a fractured ankle, were examples that correspond to the TT literature reports of accelerated healing.

The Lived Body

The notion of "lived body" that emerged in this study was derived from the participants' experiences of their *body as a mediator*. The body identified and interpreted harmony or dis-harmony from non-physical aspects of the "self" by "holding on" to ills or imbalances, therefore registering ease or dis-ease. The *body* served as a *mediator* for these experiences.

Discussion of the body in nursing literature "...has been implicit, subsumed and privatized. However, in practice, the body is very explicit and known in a way which is integrative of mind and body" (Lawler, 1993, p. 3). A review of the literature revealed that the *lived body* is derived from phenomenological thought, where the term *body* describes two different realities (Emden, 1991). One is known as the body in which one lives (lived experience), and the body which one engages (lived body). Similarly, Lawler (1993) distinguishes the *body* as the object body (i.e., an objective & material thing) and the lived body (the body as it is experienced). Therefore, the *lived body* is the mediator for all experiences and the avenue to awareness (Emden, 1991). The finding of the *body as a mediator* in my study adds further support to this body of existing literature. As a mediator, the *lived body* served as a medium through which the body-mind-soul connection was made. The *lived body* was able to recognize, through its own network, an imbalance or disharmony within itself.

Jensen and Allen's (1994) meta-analysis on qualitative research as previously mentioned provides partial support to this study's finding of the *lived body*. Within the "context of health-disease" (Jensen & Allen, 1994), one becomes aware of any bodily changes when it is faced with a disruption in health-disease (Do, 1988; Gaewprom, 1982; Loveys & Klaich, 1991; Olesen, Schatzman, Droes, Hatton, & Chico, 1990; Utz, Hammer, Whitmore, & Grass, 1990; Welch, 1990; cited in Jensen & Allen, 1994). In this study, the *body as a mediator* perceived awarenesses of disruptions and of balances. However, the findings from study do not support Jensen and Allen's (1994) reports of how one begins to mistrust the body when health-disease is disrupted.

Psychoneuroimmunology

Psychoneuroimmunology (PNI) is a new field of study of the interrelationships between three systems of the body, the central nervous system (changes with the internal or external environment), the endocrine system (through hormones) and the immune system (via neurotransmitters) (Lyon, 1993; Zeller, McCain & Swanson, 1996). PNI is occupied with the inquiry of behavior and physiologic interactions, that is, how thoughts, feelings and beliefs can influence physiologic changes and behavior and vice versa (Lyon, 1993). For example, it is thought that neuroendocrine pathways can influence the integrity of the immune system in relation to depression, pain, or stressful situations. "Conversely, immune-derived products can induce neurochemical and physiological changes in the central nervous system" (Zeller et al., 1996). Immune function is thought to be located at potentially all sites of the body through the action

of certain cells (i.e. various types of lymphocytes) and complex molecules (i.e. hormones, peptides) (Lyon, 1993).

Few nurses have conducted PNI research (Zeller et al, 1996). The majority of the nursing studies published have focused on stress and its relationship to immunological outcomes and have largely addressed issues related to women's health (childbirth stress and perimenstrual distress) or HIV infection. One descriptive pilot study on TT (Quinn & Strelkauskas, 1993) focused on the psychoimmunologic effects of TT on practitioners and recently bereaved recipients. Recipients of TT had a decline in their state anxiety, and an increase in positive affect. Decreases in negative affect were found in both practitioners and recipients. As well, suppressor T-lymphocyte numbers were reduced in both groups. This pilot study is the only attempt of inquiry of TT within the PNI research framework. Zeller et al. (1993) note that more intervention studies are needed to help identify relationships among therapeutic strategies, immune status measures, and health outcomes.

The findings of this study lend support to the premise of the PNI framework - that there is a bi-directional relationship between thoughts, feelings, and beliefs and physiologic changes and behavior. Participants reported that they sought TT for imbalances or ills that manifested themselves physically, but were derived from a disharmony of the body-mind-spirit. Therefore, thoughts, feelings and beliefs can be said to contribute a disruption in the body-mind-spirit, manifested in physical changes and behaviors. While *engaged in energy work*, participants reported physiological experiences of warmth, relaxation, and comfort, and, during *affirming the moment*, the

self acknowledged the body's messages of ease or balance between the body-mind-spirit. During *beyond the moment*, the *body as a mediator* assisted the self in recognizing patterns of the self and its environment. Thus, TT as an intervention assisted in bringing about physiologic changes and a sense of balance or harmony. TT also promoted the use of the lived body as a means of monitoring patterns of behavior in one's own health promoting activities in *beyond the moment*. Participant descriptions from this study, then, suggests that TT may support the PNI framework of research.

Implications

Little is known of TT practice within nursing as to its dynamic, and its effectiveness. As well, research findings reveal little understanding of the experience of receiving TT. Reports from this study indicate that TT provided a sense of relaxation and well-being to the participants. There is lack of evidence however as to what it is in TT that does facilitate this relaxation. Participants believed that TT facilitated the healing of bones and of earaches, decreased colds, and helped re-establish a sense of harmony. The mechanism of energy manipulation in healing modalities also remains unclear. TT may be a modality that supports the PNI framework, nonetheless, this is yet unknown. Also, TT may help to bridge our understanding of energy and its associated worldview. More qualitative and quantitative research is required in order to provide more insight into the phenomenon and possibly help validate TT as a healing modality.

Nurses have long recognized the relationship of body-mind-spirit in healing. If TT assists in healing, then nursing would be remiss to not include it in its practice.

Although TT has consistently been reported as a safe practice, there are no existing guidelines or accreditation procedures for TT practitioners. In this study, participants knew their TT practitioners and the element of trust was a key component of engaging in TT. If TT is a healing modality and trust is implicit within the TT relationship, then there is a need to ensure that standards are developed in order to ensure safe ethical TT practice.

TT's mechanism has been explained through the dynamic of energy exchange and re-balancing. However, participants' experiences also supported that TT is highly dependent on the trusting relationship with the TT practitioner. One can thus speculate that the relationship with the TT practitioner influences the TT session. Therefore, further research is required in this area to explore the role of the TT practitioner within TT, as well as to investigate the energy dynamic within TT.

This study revealed the pivotal role of the body in healing. Imbalances within the body as experienced may be the reason why individuals seek health care. The finding of *health as harmony* and of the *lived body* adds to the existing body of literature on the phenomenological view of the lived experience. As a mediator of experiences, the *lived body* is aware of harmony or dis-harmony within the self. Such a finding suggests that it could be advantageous to be in tune with our bodies because of its potential ability to raise awareness, mediate and re-balance harmony between the body-mind-spirit, and register patterns of health or behaviors. Further exploration of TT and the *lived body* may provide more insight into this role of mediation and to the PNI research framework. Replication of this study would provide further support of

this study's findings. In addition, further studies as to the relationship between TT and health behavior may contribute to our understanding of the PNI framework. Nurses could potentially contribute to the PNI research framework if they had a clearer understanding of the role of TT and healing.

In this study, the physical setting for TT in this study facilitated relaxation and healing. As nursing practice settings may not be so amenable to TT it is important to assess whether the setting makes a difference in the experience of TT. There may be implications as to where TT can be practiced. It is also unclear whether the settings facilitates the establishment of trust within the healing relationship. Although reports of anecdotal literature suggest that TT be used with HIV clients and the elderly, future research in TT should also be done with different groups to identify the effectiveness of TT in subpopulations. TT could therefore potentially be used therapeutically rather than fortuitously.

Although TT may be considered an unconventional practice by some who have difficulty adopting the notion of a human energy field, it is a practice that is easily learned, and is time and cost efficient. There has been limited movement in establishing TT as an integral part of the curriculum in basic nursing education. Until there is further sound research that explicate TT's use as an intervention, TT may never be incorporated in a core curriculum. In the meantime, it is imperative that nursing education be prepared to promote the acceptance of alternative worldviews. A nurse who is aware of multiple cultures and alternate worldviews will be much better

prepared to assist in the attainment and maintenance of optimal health, wellness, and independence of their client who hold such views.

There is much we do not know about TT, and its basic premise of the human energy field remains a belief rather than a fact. However, it is such a challenge that motivates the pursuit of inquiry.

Conclusion

This study has offered a unique contribution to the body of knowledge on TT as it is only the second study that describes the experience of TT from a recipient's perspective and describes how TT serves as a means of healing. As well, the findings of *health as harmony* provided support to the interconnectedness between the mind-body-spirit. What is important within this view and adds to our knowledge of how health-wellness is lived, is the notion of the body as the mediator between the mind-body-spirit. There remains, however, the necessity of more research to further explicate TT as a healing modality by exploring its relaxation potential, and investigating it as a means of facilitating the mind-body-spirit connection. It is then that the full potential of TT as a healing modality can occur.

Reflections

At the beginning of this research process, I wrote my assumptions of energy, the TT process, and expected outcomes of TT. I also did a literature review on TT. I kept these thoughts and literature findings under abeyance throughout the research process. At the end of this process, I revisited these assumptions to see if they held true with the findings of the study. Many findings were not new, however, they seemed to

reinforce and clarify fragments of the TT experience. The experience of TT seems to make much better *sense* to me now in that it was part of an overall process. What was surprising was the role of the *body as mediator*.

Secondly, I had anticipated that participants would be replete with discussions about the mechanism of energy and healing in TT and about their belief in the energy worldview. Yet this only occurred in a limited way. It may be that the *sense of preparedness* phase that enabled them to these thoughts were part of the *engaging in energy work*. This reflection process provided a greater understanding of my own interpretations of TT.

References

- Barker, E. (1989). Being whole: Spiritual well-being in Appalachia women, a phenomenological study. Unpublished doctoral dissertation, University of Texas, Austin.
- Beck, C. T. (1991). Undergraduate nursing students' lived experience of health: A phenomenological study. Journal of Nursing Education, 30, 371-374.
- Benner, P. & Wrubel, J. (1989). The primacy of caring. Menlo Park, CA: Addison-Wesley.
- Boguslawski, M. (1979). The use of therapeutic touch in nursing. The Journal of Continuing Education, 10, 9-15.
- Boguslawski, M. (1980). Therapeutic touch: A facilitator of pain relief. Topics in Clinical Nursing, 2, 27-37.
- Brennan, B. A. (1987). Hands of Light: A guide to healing through the human energy field. New York: Bantam.
- Capra, F. (1986). The tao of physics. Toronto: Bantam Books.
- Clark, P. E., & Clark, M. J. (1984). Therapeutic touch: is there a scientific basis for the practice? Nursing Research, 33, 37-41.
- Do, H. K. (1988). Health and illness beliefs and practices of Korean Americans. Unpublished doctoral dissertation, Boston University, Boston.
- Eisenberg, D. M., Kessler, R. C., Foster, C., Norlock, F. E., Calkins, D. R., & Delbanco, T. L. (1993). Unconventional medicine in the United States. New England Journal of Medicine, 328, 246-252..

- Emden, C. (1991). Ways of knowing in nursing. In G. Gray & R. Pratt (Eds.), Towards a discipline of nursing (pp. 11-30). Singapore: Longman Group UK.
- Ferguson, D. S. (1993). New age spirituality: An assessment. Louisville, KY: Westminster/John Knox Press.
- Field, P. A., & Morse, J. M. (1985). Nursing research: The application of qualitative approaches. Rockville, MD: Aspen.
- Gaewprom, S. (1982). World of tuberculosis as viewed by elderly male patients. Unpublished master's thesis, University of Arizona, Tucson.
- Gerber, R. (1988). Vibrational Medicine. Santa Fe, NM: Bear & Co.
- Guba, E. G., & Lincoln, Y. S. (1981). Effective evaluation. San Francisco: Jossey-Bass.
- Haggman-Laitila, A., & Kalkas, H. (1988). Health and illness: A dialectical concept analysis. Scandinavian Journal of Caring Sciences, 2(2), 59-64.
- Harpur, T. (1994). The uncommon touch: An investigation of spiritual healing. Toronto, ON: McClelland & Stewart.
- Heidt, P. (1981). Scientific Research and Therapeutic Touch. In M. Borelli & P. Heidt (Eds.), Therapeutic touch: A book of readings (pp. 3-12). New York: Springer.
- Heidt, P. (1981). Effects of therapeutic touch on anxiety level of hospitalized patients. Nursing Research, 30, 32-37.
- Heidt, P. (1990a). Openness: a qualitative analysis of nurses' and patients' experiences of therapeutic touch. Image: Journal of Nursing Scholarship, 22, 180-186.

Heidt, P. (1990b). Therapeutic touch: Research on the healing relationship. In N. Gunzenhauser (Ed.), Advances in touch: New implications in human development (pp. 132-140). Johnson & Johnson Consumer Products: USA.

Hill, L., & Oliver, N. (1993). Technique integration: Therapeutic Touch and theory-based mental health nursing. Journal of psychosocial nursing, 31, 19-22.

Holmgren, M. (1987). Women's experience of depression. Unpublished doctoral dissertation, University of Alberta, Edmonton.

Jensen, L. A., & Allen, M. N. (1994). A synthesis of qualitative research on wellness-illness. Qualitative Health Research, 4(4), 349-369.

Jurgens, A., Meehan, T. C., & Wilson, H. L. (1987). Therapeutic touch as a nursing intervention. Holistic Nursing Practice, 2, 1-13.

Keller, E. K. & Bzdek, V. M. (1986). Effects of therapeutic touch on tension headache pain. Nursing Research, 2, 24-29.

Kramer, N. A. (1990). Comparison of Therapeutic Touch and casual touch in stress reduction of hospitalized children. Pediatric Nursing, 16(5), 483-485.

Krieger, D. (1973). The relationship of touch, with intent to help or to heal, to subjects' in-vivo hemoglobin values: a study in personalized interaction. In Proceedings of the ninth ANA nursing research conference. Kansas City: American Nurses' Association.

Krieger, D. (1974). Healing by the laying-on of hands as a facilitator of bioenergetic change: the response of in-vivo human hemoglobin. Psychoenergetics, 1, 121-219.

Krieger, D. (1975). Therapeutic touch: The imprimatur of nursing. American Journal of Nursing, 5, 784-787.

Krieger, D., Peper, & Ancoli, S. (1979). Therapeutic touch: Searching for evidence of physiological change. American Journal of Nursing, 79, 660-662.

Krieger, D. (1981). Foundations for holistic health nursing practices: The renaissance nurse. Philadelphia: J.B. Lippincott.

Krieger, D. (1993). Accepting your power to heal: The personal practice of Therapeutic Touch. Santa Fe, N. M: Bear & Co.

Lawler, J. (1993). Behind the screens: Nursing, somology, and the problem of the body. Redwood City, CA: Benjamin/Cummings.

Lee, Y., & Hu, P.-C. (1993). The effect of Chinese Qi-Gong exercises and therapy on diseases and health. Journal of Indian Psychology, 11(1 & 2), 9-18.

Leskowitz, E. (1993). Spiritual healing, modern medicine, and energy. ADVANCES: The Journal of Mind-Body Health, 9(4), 50-52.

Lionberger, H. J. (1985). An interpretive study of nurses' practice of TT. Doctoral dissertation, University of California at San Francisco. Nursing Dissertation. (University Microfilm No.) 85-24008.

Loveys, B. J., & Klaich, K. (1991). Breast cancer: Demands of illness. Oncology Nursing Forum, 18(1), 75-80.

Lyon, M. L. (1993). Psychoneuroimmunology: the problem of the situatedness of illness and the conceptualization of healing. Culture, Medicine and Psychiatry, 17, 77-97.

Mackey, R. B. (1995). Complimentary Modalities/Part 1: Discover the healing power of Therapeutic Touch. American Journal of Nursing, 4, 26-33.

Macrae, J. (1981). Therapeutic Touch: A way of life. In M. Borelli & P. Heidt (Eds.), Therapeutic touch: A book of readings. (pp. 49-58). New York: Springer.

Macrae, J. (1989). Principles of Therapeutic Touch applied to the treatment of addiction. Addictions Nursing Network, 1(2), 11-15.

Macrae, J. (1993). Therapeutic Touch: A practical guide. New York: Knopf

Martus, R. F. (1985). The experience of believing in the healing process.

Unpublished doctoral dissertation, Union for Experimenting Colleges and Universities, Cincinnati, OH.

Meehan, T. C. (1990). The science of unitary human beings and theory-based practice: Therapeutic Touch. In E. A. M. Barrett (Ed.), Visions of Rogers' Science-based nursing (pp. 67-82), New York, NY: National League for Nursing.

Meehan, T. C. (1993). Therapeutic touch and postoperative pain: A Rogerian research study. Nursing Science Quarterly, 6, 69-78.

Meleis, A. I. (1990). Being and becoming healthy: The core of nursing knowledge. Nursing Science Quarterly, 3, 107-114.

Miles, M. B., & Huberman, A. M. (1984). Qualitative data analysis: A sourcebook of new methods. Beverly Hills, CA: Sage.

Morse, J. M. (Ed.). (1991). Qualitative nursing research: A contemporary dialogue. Newbury Park, CA: Sage.

Newshan, G. (1989). Therapeutic touch for symptom control in persons with AIDS. Holistic Nursing Practice, 3, 45-51.

Olesen, V., Schatzman, L., Droes, N., Hatton, D., & Chico, N. (1990). The mundane ailment and the physical self: Analysis of the social psychology of health and illness. Social Science & Medicine, 30, 449-455.

Owens, M. K., & Ehrenreich, D. (1991). Literature review of non-pharmacological methods of managing chronic pain. Holistic Nursing Practice, 6(12), 32-40.

Payne, M. B. (1989). The use of therapeutic touch with rehabilitation clients. Rehabilitation Nursing, 14, 69-72.

Quinn, J. F. (1984). Therapeutic touch as energy exchange: Testing the theory. Advances in Nursing Science, 6, 42-49.

Quinn, J. F. (1989). Therapeutic touch as energy exchange: Replication and extension. Nursing Science Quarterly, 2, 79-87.

Quinn, J. F., & Strelkauskas, A. J. (1993). Psychoimmunologic effects of Therapeutic Touch on practitioners and recently bereaved recipients: A pilot study. Advances in Nursing Science, 15(4), 13-26.

Randolph, G. L. (1980). The differences in physiological responses of female college students exposed to stressful stimulus. New York. Nursing Dissertation (University Microfilm No. 80-17522).

Randolph, G. L. (1984). Therapeutic and physical touch: physiological response to stressful stimuli. Nursing Research, 33(1), 33-36.

Rodgers, B. L., Cowles, K. V. (1993). The qualitative research audit trail: A complex collection of documentation. Research in Nursing & Health, 16, 219-226.

- Rogers, M. E. (1970). An introduction to the theoretical basis of nursing. Philadelphia: Davis.
- Rogers, M. E. (1990). Nursing: Science of unitary, irreducible, human beings: Update 1990. In E. A. M. Barrett (Ed.), Visions of Rogers' science-based nursing (pp 5-11), New York, NY: National League for Nursing.
- Roy, T. A. (1982). The experience of healing in the acute psychotic episode. Unpublished doctoral dissertation, United States International University, San Diego, CA.
- Samarel, N. (1992). The experience of receiving therapeutic touch. Journal of Advanced Nursing, 17, 651-657.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. Advances in Nursing Science, 8(3), 27-37.
- Sayre-Adams, J. (1995). Therapeutic Touch. In D. Rankin-Box (Ed.), The nurses' handbook of complementary therapies (pp. 157-164). London: Longman Group.
- Simington, J. A., & Laing, G. P. (1993). Effects of therapeutic touch on anxiety in the institutionalized elderly. Clinical Nursing Research, 2, 438-450.
- Smith, C. T. (1989). The lived experience of staying healthy in rural Black families. Unpublished doctoral dissertation, University of Alabama, Birmingham.
- Snyder, M. (1988). Relaxation. In J. J. Fitzpatrick, R. L. Taunton & J. Q. Benoliel (Eds.), Annual Review of Nursing Research, 7 (pp. 111-128). New York, NY: Springer.
- Stevens, P. (1984). The human aura and "psychic" healing. PSI Research, Sept-Dec., 168-184.

Stuißbergen, A. K., Becker, H. A., Inglassbe, K., & Sands, D. (1990). Perceptions of health among adults with disabilities. Health Values, 14(2), 18-26.

Trice, L. B. (1990). Meaningful life experience to the elderly. IMAGE: Journal of Nursing Scholarship, 22, 248-251.

Utz, S. W., Hammer, J., Whitmore, V. M., & Grass, S. (1990). Perceptions of body image and health status in persons with mitral valve prolapse. IMAGE: Journal of Nursing Scholarship, 22, 18-22.

von Bertalanffy, L. (1968). General system theory: foundations, development, applications. New York, NY: George Braziller.

Watson, J. (1988). Nursing: Human science and human care, a theory of nursing. New York: National League for Nursing.

Webster's. (1981). Webster's New Collegiate Dictionary. Toronto, ON: Allen & Son.

Welch, M. (1990). Trauma recovery: An ethnography. Unpublished doctoral dissertation, University of Connecticut, Storrs.

Wirth, D. P. (1990). The effect of non-contact therapeutic touch on the healing rate of full thickness dermal wounds. Subtle Energies, 1, 1-20.

Wirth, D. P., Richardson, J. T., Eidelman, W. S., & O'Malley, A. C. (1993). Full thickness dermal wounds treated with non-contact Therapeutic Touch: A replication and extension. Complementary Therapies in Medicine, 1, 127-132.

Wirth, D. P., Barrett, M. J., & Eidelman, W. S. (1994). Non-contact therapeutic touch and wound re-epithelialization: an extension of previous research. Complimentary Therapies in Medicine, 2, 187-192.

Wondolowski, C., & Davis, D. K. (1991). The lived experience of health in the oldest old: A phenomenological study. Nursing Science Quarterly, 4(3), 113-118.

World Health Organization (1986). Ottawa charter for health promotion. Ottawa: Health and Welfare Canada.

Wright, S. M. (1987). The use of therapeutic touch in the management of pain. Nursing Clinics of North America, 22, 705-714.

Zeller, J. M., McCain, N. L., & Swanson, B. (1996). Psychoneuroimmunology: an emerging framework for nursing research. Journal of Advanced Nursing, 23, 657-664.

S

Appendix A

TT Practitioner Information Letter

Hello, I am a Master in Nursing student at the University of Alberta. I am doing a study to find out what it is like to experience Therapeutic Touch (TT).

I am looking to interview a total of 6 to 8 people in the study. These people will meet the following criteria: (a) have had TT at least twice during the past 2 years, (b) are able to speak English, (c) live within the city of Edmonton or within 1 hour's drive from the city, (d) are willing to share information about their experience with TT, and (e) are able to have the first interview within 24 hours to one week after receiving TT.

Interviews with people will be tape recorded and written down word for word. One to three interviews with each person will be done. The first interview will be done face-to-face and follow-up telephones may be done for the second and third interviews. From the copies of the interviews, I will look for common themes among the interviews. The data analysis will be checked by research and TT experts. The results of the study may help nurses better explain how TT works and find out more about its effects on people.

I am requesting your assistance in helping me get participants for my study. Specifically, I am asking you to pass on a **Client Information Letter** to those clients who meet these criteria.

Please find enclosed 6 copies of the client information letter, one is for your records and the other 5 are for your clients. As outlined in these letters, interested individuals may call me directly to discuss any questions they may have about the study. Written informed consent will be obtained prior to the beginning of the first interview.

If you have questions about the study, please feel free to call me at 439-0831.

Sincerely

Maureen Doucette,
MN Candidate

Appendix B

Discovering the Client's View of the Effects of Receiving Therapeutic Touch: An Exploratory Descriptive Study

Client Information Letter

My name is Maureen Doucette. I am a Master in Nursing student at the University of Alberta. I am doing a study to find out how people feel about receiving therapeutic touch (TT). The results of the study may help nurses better explain how TT works.

I am looking to talk with people who have received TT. These people will meet the following criteria: (a) have experienced TT at least twice during the past 2 years, (b) able to speak English, (c) live within the city of Edmonton or within 1 hour's drive from the city, (d) willing to share information about their experience with TT, and (e) able to have the first interview within 24 hours to one week after receiving TT.

Receiving this information letter from your TT practitioner means that she/he is aware that her clients may decide to be in this study. The practitioner will not know that you are in the study unless you tell her/him. Taking part in this study will include talking with me in an interview that may last for 30 to 90 minutes. I will be asking questions about your experience of receiving TT. The interview will be tape recorded and done in a time and place that is good for both of us. You may be asked to do 1 to 3 interviews in total and you may receive follow-up telephone calls after the first interview.

If you are interested in being part of this study, you may call me (collect if long distance) at (403) 439-0831 and ask questions about your role in the study. An answering machine will take your message if I am unable to do so and I will return your call to answer your questions. If you decide that you want to be in the study, I may ask to set up a meeting time with you at a time that would be good for us.

Before starting with the face-to-face interview, you will have to sign a written consent form. Signing this form says that you are willing to be in the study. It also means that you know about the potential risks that may be involved. I will explain to you what is in the consent form and answer any questions about the study that may have come up since we last spoke on the phone.

I look forward hearing from you.

Sincerely

Maureen Doucette

Appendix C

Prompt Questions

1. Can you tell me what it is like to receive therapeutic touch (TT)?
2. Can you tell me about the effects of TT?
3. Do you always experience the same effects each time you have TT?
4. How have the experiences of TT changed since you have started receiving TT?
5. Tell me about how it feels during the TT session?

Appendix D

Summary Contact Sheet

Time interview started:

Time interview finished:

Number of times received TT:

Last received TT:

Pseudonym:

Pre-Amble: Thanks for consenting to participate in the study. Do you have further questions about being in the study?

As you know, I am interested in finding out your perspective of receiving TT. Can you tell me what it is like to receive TT?

Prompt Questions:

1. Can you tell me what it is like to receive therapeutic touch (TT)?
2. Can you tell me about the effects of TT?
3. Do you always experience the same effects each time you have TT?
4. How have the experiences of TT changed since you have started receiving TT?
5. Tell me about how it feels during the TT session?

Summary Contact Sheet**Observations:****Type of setting:****Non-verbal communication:****Demographics:****Gender:****Marital Status:****Ethnicity:****Language:****Level of Education:****Spirituality/Religion:****Type of symptomology:****Follow-up Questions:**

Appendix E

Ethical ClearanceUniversity of Alberta
Edmonton

Faculty of Nursing

Canada T6G 2G3

3rd Floor Clinical Sciences Building

**Certification of Ethical Acceptability for Research Involving
Human Subjects**

NAME OF APPLICANT(S): Maureen Doucette, MN Candidate

TITLE OF PROJECT: "Discovering the Individual's View of Receiving
Therapeutic Touch: An Exploratory Descriptive Study"

The members of the review committee, having examined the application for the above-named project, consider the procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

March 27, 1995
Date

M. Ruth Elliott
M. Ruth Elliott, PhD
Chair
Ethics Review Committee

The Ethics Review Committee is a Joint Committee of
The Faculty of Nursing, University of Alberta
and the University of Alberta Hospitals

Appendix F**Permission to Access**

**The Institute for Therapeutic Touch (ITT)
& Holistic Healing Modalities**
P.O. Box 57032, 2010A Sherwood Drive,
Sherwood Park, AB., T8A 5L7

Maureen Doucette
#404, 8640-108 St.
Edmonton, AB
T6E 4M4

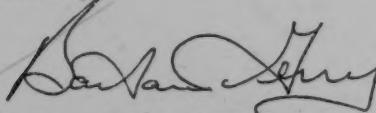
March 15, 1995

Dear Maureen:

On behalf of ITT, I would like to thank you for undertaking a research study on Therapeutic Touch. ITT is strongly in support of TT research. In our last general meeting, the membership indicated this support by voting on a motion which would allow you to access ITT's membership list as required for your study.

We wish you much luck in this endeavour and look forward to hearing about your study.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Barbara Gerry', with a stylized flourish at the end.

Barbara Gerry, BScN, RN
ITT President

Appendix G

Informed Consent Form

**Principal
Investigator**

Maureen Doucette, MN
Candidate, RN
Faculty of Nursing
University of Alberta
T6G 2B7
Telephone: 439-0831

Supervisor: Dr. Marion Allen
Associate Professor
Faculty of Nursing
Clinical Science Building, 4-
112C
492-6411

Project Title: Discovering the individual's view of receiving Therapeutic Touch (TT):
An exploratory descriptive study.

Purpose of the Study: To increase nurses' understanding of people's experiences of
receiving TT.

Procedure: Once you have freely chosen to be a part of this study, I will interview you
for a period of 30 to 90 minutes. There may be 1 to 3 interviews done in total. A
follow-up audio-taped telephone call may be done after the first interview. Interviews
will be done in a place that is good for you. The tapes will not be shared with you, but
the final report will be available to participants for comments.

Participation: If you received a letter from your TT practitioner, it means that she/he
knows that some clients may decide to be in this study. The practitioner will not know
that you are in the study unless you tell him/her.

You may choose to join this study. No one is expecting this from you, it is your
choice. Even after you have been interviewed, you may decide to drop out of the study
at any time. You can drop out by telling me so in writing or by telephone. If you
choose to drop out of the study, the information that you had given may be used in the
study unless you tell me not to.

Your name will, of course, be kept private throughout the study and in any talks or
publication. Your name will be given a code so that no one will know who you are
except me. You may be able to name your statements once the study is written, but no
one will know where they came from. All records will be kept in a locked filing cabinet
in the researcher's office. All tapes will be destroyed after 7 years. Interview transcripts
may be kept and used for further research or educational purposes. Ethical clearances
will be obtained before this is done.

There is no expected harm if you join this study nor are there any expected benefits.
Results from this study may help nurses better understand TT and its effects on people.

Informed Consent

Consent:

This is to say that I, _____
agree to take part in the study as explained above, I understand that:

- I have given the researcher permission to talk privately with me and that any interview and telephone conversation will be tape recorded.
- The typed copies of the interview will be kept in a locked drawer by the researcher for an indefinite period of time following the study. These typed copies may be used for educational or other research purposes other than this study.
- A code name will replace my name on transcripts. Information connecting names will be destroyed at the end of the study.
- My name will not be connected to the research when in it is published.
- I may refuse to answer any questions that I do not feel comfortable with and that I may end the interview at any time without risks.
- I may drop out of the study at any time without risks. If I drop out, the information I gave in the interview(s) may be used unless I tell you not to.
- There may be no direct benefits to me by taking part in the study and nor are there any likely risks.
- I have had a chance to ask questions and that my questions have been answered to my satisfaction.

Date: _____

Signature: _____

Researcher: _____

If you wish to obtain a summary of the finds of this study, please fill in the information:

Date: _____ Name: _____

Address: _____ Signature: _____